

TYPE OR PRINT
PLAINLY WITH
UNFADING INK

THIS IS A
PERMANENT
RECORD

Below for State Office Use

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Disposition Permit Issued / /
Provisional Certificate
 Yes No

400
Local No. 74-0373

675239

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

JH Clifford
1000 E 80th
State Suite 606 587
No. 787

PERMANENT INK SEE HANDBOOK FOR INSTRUCTIONS		DECEASED—NAME FIRST MIDDLE LAST			SEX	DATE OF DEATH (MONTH, DAY, YEAR)		
1. DON WILLIAM STOOKEY		2. Male			3. April 2, 1974			
RACE	AGE—LAST BIRTHDAY (YEARS)	UNDER 1 YEAR NOS. DAYS	UNDER 1 DAY HOURS MIN.	DATE OF BIRTH (MONTH, DAY, YEAR)		COUNTY OF DEATH		
4. White	5a. 68	5b.	5c.	6. Apr. 8, 1905		7a. Lake		
CITY, TOWN, OR LOCATION OF DEATH			INSIDE CITY LIMITS (SPECIFY YES OR NO)	HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)				
7b. Gary			7c. YES	7d. 4800 Connecticut Street				
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)		CITIZEN OF WHAT COUNTRY		MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>		SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)		
8. Illinois		9. USA		10. WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		11. Margaret Neill		
USUAL RESIDENCE WHERE DECEASED LIVED. IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.		SOCIAL SECURITY NUMBER		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)		KIND OF BUSINESS OR INDUSTRY		
12. 306-09-0329		13a. Supervisor		13b. Inland Steel				
RESIDENCE—STATE		COUNTY	CITY, TOWN OR LOCATION		INSIDE CITY LIMITS (SPECIFY YES OR NO)	TOWNSHIP		
14a. Indiana		14b. Lake	14c. Gary		14d. Yes	14e. Calumet		
STREET AND NUMBER			14g. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		14h. IS RESIDENCE ON A FARM? (Yes, no, or unknown)			
14f. 4800 Connecticut Street			No		No			
FATHER—NAME		FIRST MIDDLE LAST	MOTHER—MAIDEN NAME		FIRST MIDDLE LAST			
15. Raymond Stookey			16. Forrest					
INFORMANT—NAME			RELATIONSHIP	MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)				
17a. Margaret Stookey			17b. Wife	17c. 4800 Conn. St., Gary, Ind 46403				
PART I. DEATH WAS CAUSED BY: [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]								
18. IMMEDIATE CAUSE								
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (A), STATING THE UNDERLYING CAUSE LAST		(a) DUE TO, OR AS A CONSEQUENCE OF:		(b) DUE TO, OR AS A CONSEQUENCE OF:		(c) DUE TO, OR AS A CONSEQUENCE OF:		
		Cardiogenic Stroke		Myocardial Infarction		years		
PART II. OTHER SIGNIFICANT CONDITIONS GIVEN IN PART I (A)								
CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE				AUTOPSY YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH		
Stroke, Myocardial Infarction - Pulmonary				19a.		19b. YES <input type="checkbox"/> NO <input type="checkbox"/>		
DATE & TIME OF DEATH		MONTH	DAY	YEAR	HOUR	DATE SIGNED	MONTH DAY YEAR	
20. 8:35 A.M.		4	2	1974	8:35 A.M.	21a.	4 2 1974	
PHYSICIAN'S NAME (TYPE OR PRINT) LAST IN ATTENDANCE				SIGNATURE OF PHYSICIAN			PHY. CODE NO.	
22a. R. D. Stookey M. D.				22b. [Signature]				
MAILING ADDRESS—PHYSICIAN			STREET OR R.F.D. NO.	CITY OR TOWN	STATE	ZIP		
23. 275 S. Wisconsin Street			Hobart	Indiana	46342			
BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY, CREMATORY, FUNERAL HOME		LOCATION				
24a. Burial		24b. Calumet Park Cemetery		24c. Merrillville, Indiana				
DATE (MONTH, DAY, YEAR)		FUNERAL HOME—NAME AND ADDRESS		(STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)				
24d. April 4, 1974		25a. Central Funeral Home, 7905 Broadway		Merrillville, Indiana				
HEALTH OFFICER'S SIGNATURE						DATE RECEIVED BY LOCAL HEALTH OFFICER		
25b. [Signature]						26. APR 2 1974		

EMBALMER'S NAME N. J. Geisen
FUNERAL DIRECTOR'S SIGNATURE [Signature]
LICENSE No. 4174
FUNERAL HOME GENERAL HOME 776
LICENSE No. 367

Unit 25 Key # 4421-16
Broadmoor #16 Sub 6

James T. Howard, M.D.
CERTIFIED BY
HEALTH COMMISSIONER
CITY OF GARY, IND.

DATE APR 2 1974