

TYPE OR PRINT PLAINLY WITH UNFADING INK

THIS IS A PERMANENT RECORD

Below for State Office Use

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Diabetes Aced.
86 #33-29-5

FILED

JUL 19 1981
CLINTON WILLIAMS
FUNERAL HOME
152
ADVISOR LAKE COUNTY

LICENSE No. 972
FUNERAL DIRECTOR'S LICENSE No. 1785
CLINTON WILLIAMS
FUNERAL DIRECTOR'S SIGNATURE *Clinton Williams*

TYPE OR PRINT IN PERMANENT INK FOR INSTRUCTIONS SEE HANDBOOK

USUAL RESIDENCE WHERE DECEASED LIVED. IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

PARENTS

DISPOSITION

M.D. OR D.O.

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE? STAYING THE UNDERLYING CAUSE LAST

CAUSE

Disposition Permit Issued / /
Provisional Certificate
 Yes No

678347
492

INDIANA STATE BOARD OF HEALTH MEDICAL CERTIFICATE OF DEATH

LAWYERS TITLE INS. CORP.
No. 7895 BROADWAY
MERRILLVILLE, IND. 46410

Local No. _____

DECEASED—NAME 1. LEON ANDERSON			SEX 2. MALE	DATE OF DEATH (Mo., Day, Yr.) 3. 10-4-1981
RACE—(e.g. White, Black, American Indian, etc.) (Specify) 4. BLACK	AGE—Last Birthday (Yrs.) 5a. 49	UNDER 1 YEAR MOS. DAYS 5b.	UNDER 1 DAY HOURS MINS 5c.	DATE OF BIRTH (Mo., Day, Yr.) 6. 1-12-1932
CITY, TOWN OR LOCATION OF DEATH 7b. EAST CHICAGO		HOSPITAL OR OTHER INSTITUTION—Name (if not in above, give street and number) 7c. ST. CATHERINE HOSPITAL		IF HOSP. OR INST. Indicate DOA, OP, Emer. Rm., Inpatient (Specify) 7d. INPATIENT
STATE OF BIRTH (if not in U.S.A. name country) 8. MISSISSIPPI	CITIZEN OF WHAT COUNTRY 9. U.S.A.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 10. MARRIED	SURVIVING SPOUSE (if wife, give maiden name) 11. FRANCES MATLOCK	WAS DECEASED EVER IN U.S. ARMED FORCES? 12. ARMY (KOREAN)
SOCIAL SECURITY NUMBER 13. 428-48-5470		USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 14a. MACHINE OPERATOR	KIND OF BUSINESS OR INDUSTRY 14b. STEEL	
RESIDENCE—STATE 15a. INDIANA	COUNTY 15b. LAKE	CITY, TOWN OR LOCATION 15c. HAMMOND		
STREET AND NUMBER 15d. 1323 FIELDS STREET		IS RESIDENCE ON A FARM? 15e. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	INSIDE CITY LIMITS (SPECIFY CITY AND NO.) 15f. YES	
IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. 15g. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				
FATHER—NAME FIRST MIDDLE LAST 16. TOPHAS ANDERSON		MOTHER—MAIDEN NAME FIRST MIDDLE LAST 17. IDELLA DAVIS		
INFORMANT—NAME (Type or print) 18a. FRANCES ANDERSON		MAILING ADDRESS STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP 18b. 1323 FIELDS ST., HAMMOND, INDIANA-46320		
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a. REMOVAL-BURIAL		CEMETERY OR CREMATORY—FUNERAL HOME 19b. MT. HOPE CEMETERY		LOCATION CITY OR TOWN STATE 19c. CANTON, MISSISSIPPI
DATE (MONTH, DAY, YEAR) 20a. 10-8-1981		FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 20b. HINTON WILLIAMS 1859 ALEXANDER AVE., EAST CHICAGO, IN.		
To the best of my knowledge death occurred at the time, date and place and due to the cause(s) stated 21a. (Signature) <i>George Asteris</i>		DATE SIGNED (Mo., Day, Yr.) 21b. 10/6/81		HOUR OF DEATH 21c. 2:40 P
NAME OF ATTENDING PHYSICIAN (Type or print) 21d. GEORGE ASTERIS M. D.		MAILING ADDRESS—PHYSICIAN 21e. 2450 169th ST HAMMOND, INDIANA 46323		
HEALTH OFFICER—SIGNATURE 22a. <i>E.A. Campagna, M.D.</i>		DATE RECEIVED BY LOCAL HEALTH OFFICER 22b. 10-6-81		
23. IMMEDIATE CAUSE (List ONLY ONE CAUSE PER LINE FOR (a), (b) AND (c)) PART I (a) CARDIAC ARREST		Interval between onset and death		
(b) ACUTE MYOCARDIAL INFARCTION		Interval between onset and death		
(c)		Interval between onset and death		
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)		AUTOPSY (Specify Yes or No) 24.		