

TYPE OR PRINT
PLAINLY WITH
UNFADING INK
THIS IS A
PERMANENT
RECORD

Below for State Office

FILED

THIS CERTIFIES THE ABOVE IS A TRUE AND
COMPLETE COPY OF THE CERTIFICATE OF DEATH
ON FILE WITH THE HAMMOND HEALTH DEPT.

Indiana Harbor AUG 23 1982
SEP 15 1982
30-296-15

HAMMOND HEALTH COMMISSIONER

Date Issued

EMBALMER'S NAME
Clinton Williams

LICENSE No. 972

FUNERAL DIRECTOR'S
SIGNATURE
John R. Williams

FUNERAL DIRECTOR'S
LICENSE No. 17

SEP 28 1982

MONITOR LAKE COUNTY

HOME

682505

Local No. 680

TYPE
OR PRINT
IN
PERMANENT
INK
FOR
INSTRUCTIONS
SEE
HANDBOOK

DECEASED

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,
STATING THE
UNDERLYING
CAUSE LAST

CAUSE

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

Estelle Powell
1814-136th St
East Chicago, Ind.

State
No.

1070

DECEASED—NAME 1 GEORGE POWELL SR.			SEX 2 MALE	DATE OF DEATH (MONTH, DAY, YEAR) 3 August 18, 1982
RACE—(a) White, Black, American Indian, etc. (Specify) 4 Black	AGE—Last Birthday (Specify) 5a 57	UNDER 1 YEAR 5b	UNDER 1 DAY 5c	DATE OF BIRTH (Mo., Day, Yr.) 6 5-25-1925
CITY, TOWN OR LOCATION OF DEATH 7b Hammond		HOSPITAL OR OTHER INSTITUTION—(Name if not on other page street and number) 7c St. Margaret Hospital		IF HOSP OR INST. Inmate DOA, OP, etc. Am., Inmate, etc. (Specify) 7d Inpatient
STATE OF BIRTH (If not in U.S.A. give country) 8 Florida	CITIZEN OF WHAT COUNTRY 9 U.S.A.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 10 Married	SURVIVING SPOUSE (If wife, give maiden name) 11 Willie Mae Daniel	
SOCIAL SECURITY NUMBER 12 260-26-8489		USUAL OCCUPATION (Give kind of work done during most of year, if even if retired) 13a Janitorial		KIND OF BUSINESS OR INDUSTRY 13b Steel
RESIDENCE—STATE 14a In.	COUNTY 14b Lake	CITY, TOWN OR LOCATION 14c East Chicago		INSIDE CITY LIMITS (Specify city or town) 15a NO
STREET AND NUMBER 15d 1814 E. 136th St.			IS RESIDENCE ON A FARM? 15b YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. 16a YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				
FATHER—NAME 16 Andrew Powell		MOTHER—MAIDEN NAME 17 Pearlie Whitfield		
INFORMANT—NAME (Type or print) RELATIONSHIP 18a Willie Mae Powell - Wife		MAILING ADDRESS 18b 1814 E. 136th St., East Chicago, Indiana 46312		
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a Burial		CEMETERY OR CREMATORY—FUNERAL HOME 19b Evergreen Memorial Park		LOCATION 19c Hobart, In.
DATE (MONTH, DAY, YEAR) 20a August 24, 1982		FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE ZIP) 20b Hinton-Williams 4859 Alexander Ave. East Chicago, In. 46312		
To the best of my knowledge, death occurred at the time, date, and place and due to the causes stated 21a (Signature) <i>Walter Powell, M.D.</i>		DATE SIGNED (Mo., Day, Yr.) 21b 8-19-82	HOUR OF DEATH 21c 5:10 PM	
NAME OF ATTENDING PHYSICIAN (Type or Print) 21d Floyd Manley, M.D.		MAILING ADDRESS—PHYSICIAN 21e 2600 Columbus Ave Hammond, Ind		
HEALTH OFFICER'S SIGNATURE 22a <i>John R. Williams</i>		DATE RECEIVED BY LOCAL HEALTH OFFICER 22b AUG 23 1982		
23 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR 1(a) AND 1(b))				
PART I (a)	Bronchogenic Carcinoma			Interval between onset and death 5/82
DUE TO OR AS A CONSEQUENCE OF				
PART I (b)	bone metastasis			Interval between onset and death 5/82
DUE TO OR AS A CONSEQUENCE OF				
PART I (c)	Chorea & Muscle Wasting			Interval between onset and death July 82
DUE TO OR AS A CONSEQUENCE OF				
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 NO
Pancytopenia & Anemia				

400