

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

Below for State Office Use

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Jerry Land Co # 44-300-17
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Key # 46-144-3
Airt. fac. k. l. d. # 3 Blk 16

EMBALMER'S NAME Roosevelt Allen
 FUNERAL DIRECTORS Roosevelt Allen
 SIGNATURE *Roosevelt Allen*

LICENSE No. 577
 FUNERAL DIRECTOR'S LICENSE No. 270

Local No. 684214
 82-6606

INDIANA STATE BOARD OF HEALTH
 MEDICAL CERTIFICATE OF DEATH

State No. 456

DATE OF DEATH (MONTH DAY YEAR)
 Sept. 2, 1982

DECEASED - NAME
 Lucille Athens Shootes

SEX
 Female

RACE - (See instructions)
 Black

AGE - Last Birthday
 74

DATE OF BIRTH (Mo. Day Yr.)
 5/4/1908

CITY, TOWN OR LOCATION OF DEATH
 Gary

HOSPITAL OR OTHER INSTITUTION (Name if not in other give street and number)
 1150 Harrison Blvd.

STATE OF BIRTH (If not in U.S.A. name country)
 Jamaica

CITIZEN OF WHAT COUNTRY
 U.S.A.

MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
 Married

SURVIVING SPOUSE (If wife give maiden name)
 Jerry Shootes

SOCIAL SECURITY NUMBER

USUAL OCCUPATION (Give kind of work done during most of working life even if retired)
 Housewife

KIND OF BUSINESS OR INDUSTRY

RESIDENCE - STATE
 Indiana

COUNTY
 Lake

CITY, TOWN OR LOCATION
 Gary

STREET AND NUMBER
 1150 Harrison St.

IS RESIDENCE ON A FARM?
 YES NO

INSIDE CITY LIMITS (Specify YES OR NO)
 YES

IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC.
 YES NO

FATHER - NAME
 Walter Alexander Thewell

MOTHER - MAIDEN NAME
 Ermina Pento

INFORMANT - NAME (Type or Print)
 Jerry Shootes (Husband)

RELATIONSHIP
 (Husband)

MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)
 1150 Harrison Blvd. Gary, Indiana 46407

BURIAL, CREMATION, REMOVAL, OTHER (Specify)
 Burial

CEMETERY OR CREMATORY - FUNERAL HOME
 Evergreen Cemetery

LOCATION
 Hobart, Indiana

DATE (Month, Day, Year)
 9/7/82

FUNERAL HOME - NAME AND ADDRESS (Street or R.F.D. No., City or Town, State, Zip)
 Guy & Allen Funeral Directors 2959 W. 11th Ave. Gary, Ind

To the best of my knowledge, death occurred at the time, date and place and due to (Cause) stated

21a. (Signature) *George T. Clardy, Jr. MD*

NAME OF ATTENDING PHYSICIAN (Type or Print)
 George T. Clardy, Jr. MD

21d. MAILING ADDRESS - PHYSICIAN
 2200 Cass St. Gary, Ind

HEALTH OFFICER - SIGNATURE
 C. N. Caldwell, M.D.

DATE RECEIVED BY LOCAL HEALTH OFFICER
 SEP 17 1982

23. (a) (i) Cardiac Kennedy's Anomoly
 (b) Ischemic and Atherosclerotic Heart Disease
 (c) Hypertension and Atherosclerosis

22b. SEP 17 1982

22c. HOUR OF DEATH
 6:55 AM '82

22d. INTERVAL BETWEEN ONSET AND DEATH

22e. INTERVAL BETWEEN ONSET AND DEATH

22f. INTERVAL BETWEEN ONSET AND DEATH

22g. INTERVAL BETWEEN ONSET AND DEATH

22h. INTERVAL BETWEEN ONSET AND DEATH

22i. INTERVAL BETWEEN ONSET AND DEATH

22j. INTERVAL BETWEEN ONSET AND DEATH

22k. INTERVAL BETWEEN ONSET AND DEATH

22l. INTERVAL BETWEEN ONSET AND DEATH

22m. INTERVAL BETWEEN ONSET AND DEATH

22n. INTERVAL BETWEEN ONSET AND DEATH

22o. INTERVAL BETWEEN ONSET AND DEATH

22p. INTERVAL BETWEEN ONSET AND DEATH

22q. INTERVAL BETWEEN ONSET AND DEATH

22r. INTERVAL BETWEEN ONSET AND DEATH

22s. INTERVAL BETWEEN ONSET AND DEATH

22t. INTERVAL BETWEEN ONSET AND DEATH

22u. INTERVAL BETWEEN ONSET AND DEATH

22v. INTERVAL BETWEEN ONSET AND DEATH

22w. INTERVAL BETWEEN ONSET AND DEATH

22x. INTERVAL BETWEEN ONSET AND DEATH

22y. INTERVAL BETWEEN ONSET AND DEATH

22z. INTERVAL BETWEEN ONSET AND DEATH

23. OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I (a)

AUTOPSY (Specify Yes or No)

SBH 06-003 State Form 35430
 REV. 10/77

11-10

REPRODUCED COPY
W. C. Williams, M.D.
HEALTH COMMISSIONER
CITY OF BIRMINGHAM, ALA.
DATE SEP 20 1982