

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

Howard Hill
1649 Broadway
Gary 46407
State No.

Local No. 82-0664

PRINT WITH UNFADING INK
THIS IS A PERMANENT RECORD

685138

DECEASED—NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH DAY YEAR)	
1		Fannye	J.	Benford	Female	3 Sept. 30, 1982	
RACE—(e.g. White, Black, American Indian, etc.)		AGE—Last Birthday (Year)	UNDER 1 YEAR	UNDER 1 DAY	DATE OF BIRTH (Mo., Day, Year)	COUNTY OF DEATH	
4 Black		56 74	MO. DATE	HOURS MINS	6 4/8/1908	7a Lake	
CITY, TOWN OR LOCATION OF DEATH				HOSPITAL OR OTHER INSTITUTION—(Name if not in part 1, 110 street and number)		IF HOSP OR INST indicate ICA OP (Local Am. Association) (Specify)	
7b Gary				7c St. Mary's Medical Center		7d Inp.	
STATE OF BIRTH (If not in U.S.A. name country)		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		SURVIVING SPOUSE (If wife give maiden name)	
8 Arkansas		9 U.S.A.		10 Married		11 David Benford	
SOCIAL SECURITY NUMBER				USUAL OCCUPATION (Give kind of work done during most of working life, date of retirement)		KIND OF BUSINESS OR INDUSTRY	
13 313-14-7274				14a Housewife		14b	
RESIDENCE—STATE		COUNTY		CITY, TOWN OR LOCATION		IS RESIDENCE ON A FARM?	
15a Indiana		15b Lake		15c Gary		15d YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
STREET AND NUMBER				INSIDE CITY LIMITS (If not in part 1, 110 street and number)			
16d 1143 Delaware St.				15e YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
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	MOTHER—MAIDEN NAME		FIRST
16		Bruce		Mackey	Jennie		L.
INFORMANT—NAME (Type or print)		RELATIONSHIP		MAILING ADDRESS		CITY OR TOWN STATE ZIP	
18a David Benford (Husband)		18b 1143 Delaware St.		Gary, Indiana		46407	
BURIAL, CREMATION, REMOVAL, OTHER (Specify)				CEMETERY OR CREMATORY—FUNERAL HOME		LOCATION CITY OR TOWN STATE	
19a Burial				19b Oak Hill Cemetery		19c Gary, Indiana	
DATE (MONTH, DAY, YEAR)				FUNERAL HOME—NAME AND ADDRESS (If street or R.F.D. no. city or town state zip)			
20a 10/4/82				20b Guy & Allen Funeral Directors 2959 W. 11th Ave. Gary, Ind.			
To the best of my knowledge when occurred at the time, date and place and due to the cause(s) stated				DATE SIGNED (Mo., Day, Year)		HOUR OF DEATH	
21a (Signature) James T. Hedrick, Jr. MD				21b 10-3-82		21c 12:23 PM	
NAME OF ATTENDING PHYSICIAN (Type or print)				MAILING ADDRESS—PHYSICIAN			
21d James T. Hedrick, Jr. MD				21e 2208 GRANT GARY IN 46407			
HEALTH OFFICER—(Signature)				DATE RECEIVED (MONTH DAY YEAR)			
22a E. N. Caldwell, M.D.				22b OCT 8 1982			
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST				INTERVAL BETWEEN ONSET AND DEATH			
PART I (a) Cardiac Arrest Hypertensive Cardio-Vascular				2 hours			
(b) Transient Ischemic Cerebro-Vascular Accident				Interval between onset and death			
(c) Diabetes mellitus				Interval between onset and death			
PART II OTHER SIGNIFICANT CONDITIONS—(Conditions contributing to death but not related to cause given in PART I)				AUTOPSY (Specify Yes or No)			
23 Degenerative Arteriosclerosis, Early Cataract left eye				24			

Below for State Office Use
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Oak Park Add. J. 9/28/4 - Key # 46-132-9
Maryland Ave. 10th St. all 8/11/82, 17
Key # 44-291-11

FUNERAL HOME No. 770
LICENSE No. 5170
FUNERAL DIRECTOR'S LICENSE No. 270
EMBALMER'S NAME Roosevelt Allen
FUNERAL DIRECTOR'S SIGNATURE Joseph D. Allen

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

FILED
OCT 8 1982
GARY, INDIANA
RECORDER
J. SIELSKI
12:23 PM

400

10/10

10/10

CERTIFIED COPY
S. N. C. [Signature]
HEALTH COMMISSION
CITY OF SAN JOSE
DATE OCT 8 1982