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 OCT 3 1982
 State & County
 Auditor Cass County

689683

INDIANA STATE BOARD OF HEALTH
 MEDICAL CERTIFICATE OF DEATH

State No. _____

Local No. 82 0696

FUNERAL HOME
 No. 248

1625

LICENSE No.

FUNERAL DIRECTOR'S
 LICENSE No. 1625

SHERMAN G. BANKS III

EMBALMER'S NAME

FUNERAL DIRECTOR'S
 SIGNATURE

TYPE OR PRINT
 NAME 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

| | | | | |
|---|--------------------------------------|---|---|---|
| DECEASED—NAME 1. LUERETTA F WILLIAMS | | | SEX FEMALE | DATE OF DEATH (MONTH DAY YEAR) 3 OCTOBER 21, 1982 |
| RACE—(e.g. White, Black, American Indian, etc.) 4. AMER. BLK. | AGE—Last Birthday (Yr.) 5a. 83 | UNDER 1 YEAR MONTHS 5b. | UNDER 1 DAY HOURS 5c. | DATE OF BIRTH (Mo. Day Yr.) 6. APRIL 4, 1899 |
| CITY, TOWN OR LOCATION OF DEATH 7b. GARY | | HOSPITAL OR OTHER INSTITUTION—Name (if not in other give street and number) 7c. METHODIST HOSPITAL NORTH LAKE CAMPUS | | IF HOSP OR INST. Indicate DOA Of (See Am. Hospital Assoc.) 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. ANDREW O. WILLIAMS SR. | |
| SOCIAL SECURITY NUMBER 13. 306-09-4692 | | USUAL OCCUPATION (Give kind of work done during most of working life even if retired) 14a. HOUSEWIFE | KIND OF BUSINESS OR INDUSTRY 14b. HOMEMAKER | |
| RESIDENCE—STATE 15a. INDIANA | COUNTY 15b. LAKE | CITY, TOWN OR LOCATION 15c. GARY | | IS RESIDENCE ON A FARM? 15e. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| STREET AND NUMBER 15d. 2529 LINCOLN STREET | | INSIDE CITY LIMITS (Specify YES or NO) 16f. YES | | 16i. 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 16. SYLVESTER ROBINSON | | MOTHER—MAIDEN NAME 17. HENREITTA | | |
| INFORMANT—NAME (Type or print) 18a. ANDREW O. WILLIAMS HUSBAND | | RELATIONSHIP HUSBAND | MAILING ADDRESS 18b. 2529 LINCOLN STREET | CITY OR TOWN GARY, INDIANA |
| BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a. BURIAL | | CEMETERY OR CREMATORY—FUNERAL HOME 19b. EVERGREEN CEMETERY | LOCATION 19c. HOBART, INDIANA | STATE INDIANA |
| DATE (MONTH DAY YEAR) 20a. OCTOBER 25, 1982 | | FUNERAL HOME—NAME AND ADDRESS (Street or R.F.D. No. City or Town State Zip) 20b. SMITH, BIZZELL & WARNER INC. 2295 WASH. ST. GARY, IN. 46407 | | |
| To the best of my knowledge observed at the time, date and place and due to the cause(s) stated 21a. (Signature) <i>Odies H. Williams III M.D.</i> | | DATE SIGNED (Mo. Day Yr.) 21b. 10-21-82 | HOUR OF DEATH 21c. 8 11 40 AM | |
| NAME OF ATTENDING PHYSICIAN (Type or Print) 21d. DR. Odies H. Williams III | | M.D. OR D.O. | | |
| MAILING ADDRESS—PHYSICIAN 21e. 2200 GRANT STREET, GARY, INDIANA 46408 | | DATE RECEIVED BY LOCAL HEALTH OFFICE 22b. OCT 22 1982 | | |
| HEALTH OFFICER—SIGNATURE 22a. <i>S. H. Caldwell, M.D.</i> | | DATE RECEIVED BY LOCAL HEALTH OFFICE 22b. OCT 22 1982 | | |
| PART I 23. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) (a) Cerebrovascular accident | | Interval between onset and death | | |
| (b) _____ | | Interval between onset and death | | |
| (c) _____ | | Interval between onset and death | | |
| PART II 24. OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a) Hypertension | | AUTOPSY (Specify Yes or No) 24 | | |

400

601086

CERTIFIED COPY

E. N. Caldwell, M.D.

HEALTH COMMISSIONER
CITY OF GARY, IND.

DATE

OCT 22 1982