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FILED
FEB 23 1983

166 Sherwin G. Banks
 SHERMAN G. BANKS
 EMBALMER'S NAME
 FUNERAL DIRECTOR'S SIGNATURE
 ALEXANDER LAKE COUNTY HOME
 FUNERAL HOME
 LICENSE No. 248
 FUNERAL DIRECTOR'S LICENSE No. 1625

698095

Local No. 8-0806

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

State No. 698
 Galvin Hawkins 2009 Bldg.
 Gary, IN 46412.

DECLASID - NAME 1 RICHARD LEE SCAIFE			SEX 2 MALE	DATE OF DEATH (MONTH DAY YEAR) 3 OCTOBER 31, 1981
RACE - (e.g. White, Black, American Indian, etc.) 4 AMER. BLK.	AGE - Last Birthday (Year) 5a 71	UNDER 1 YEAR 5b MONTHS DAYS	UNDER 1 DAY 5c HOURS MIN.	DATE OF BIRTH (Mo., Day, Yr.) 6 21 SEPT. 1910
CITY, TOWN OR LOCATION OF DEATH 7b GARY		HOSPITAL OR OTHER INSTITUTION - (Name, if not in other give street and number) 7c 2437 VIRGINIA STREET		COUNTY OF DEATH 7d LAKE
STATE OF BIRTH (If not in U.S.A. name country) 8 ARKANSAS	CITIZEN OF WHAT COUNTRY 9 U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED 10 MARRIED	SURVIVING SPOUSE (If wife give maiden name) 11 VERTA SHOOTES	IF HOSP OR INST. indicate DOA (Specify Yes or No) 7d N/A WAS DECIDENT EVER IN US ARMED FORCES? 12 NO
SOCIAL SECURITY NUMBER 13 308-18-7183		USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 14a TRACKMAN		KIND OF BUSINESS OR INDUSTRY 14b PENNSYLVANIA RAILROAD
RESIDENCE - STATE 15a INDIANA	COUNTY 15b LAKE	CITY, TOWN OR LOCATION 15c GARY		IS RESIDENCE ON A FARM? 15d YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
STREET AND NUMBER 15d 2437 VIRGINIA STREET		INSIDE CITY LIMITS (Specify Yes or No) 15f YES		
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 LUTHER SCAIFE		MOTHER - MAIDEN NAME 17 JOANNA JAMES		
INFORMANT - NAME (Type or print) 18a VERTA SCAIFE (wife)		RELATIONSHIP 18b 2437 VIRGINIA STREET GARY, IND. 46407		
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a BURIAL		CEMETERY OR CREMATORY - FUNERAL HOME 19b EVERGREEN CEMETERY		
DATE (MONTH DAY YEAR) 20a Nov. 6, 1981		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, death occurred at the time and place stated (Cause of death) 21a <i>E. J. Smith</i>		DATE SIGNED (Mo., Day, Yr.) 21b 11/3/81	HOUR OF DEATH 21c 11:30 AM	
M.D. OR D.O. 21d DR. ERNEST MIRICH M.D.		MAILING ADDRESS - PHYSICIAN 521 EAST 86th AVENUE MERRILLVILLE, INDIANA 46410		
HEALTH OFFICER - SIGNATURE 22a <i>E. J. Smith</i>		DATE RECEIVED BY LOCAL HEALTH OFFICE 22b NOV 4 1981		
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE, STATING THE UNDERLYING CAUSE LAST 23 IMMEDIATE CAUSE PART I (a) <i>Coronary Thrombosis</i> DUE TO OR AS A CONSEQUENCE OF (b) _____ DUE TO OR AS A CONSEQUENCE OF (c) _____		Interval between onset and death Interval between onset and death Interval between onset and death AUTOPSY (Specify Yes or No) 24		
CAUSE PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I (a):				

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E. N. Callahan, M.D.

HEALTH COMMISSIONER
CITY OF CLEVELAND
DATE NOV 4 - 1981