

INDIANA STATE BOARD OF HEALTH MEDICAL CERTIFICATE OF DEATH

Local No. 82-0885

State No. _____

705033

1000

TYPE OR PRINT
MAINLY WITH
FADING INK
THIS IS A
PERMANENT
RECORD
for State, Office Use

FUNERAL HOME
No. 770

TYPE OR PRINT
IN
PERMANENT
INK
FOR
INSTRUCTIONS
SEE
HANDBOOK

DECEASED - NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH DAY YEAR)	
1		Brunetta	M.	Garrett	Female	Dec. 17, 1982	
2	RACE - (See White, Black, American Indian, etc. (Specify))	3	AGE - (Last Birthday (Yrs.))	UNDER 1 YEAR	UNDER 1 DAY	DATE OF BIRTH (Mo. Day Yr.)	
4	Black	5a	57yrs.	5b	5c	6	10/2/1925
7a				7b		7c	
CITY, TOWN OR LOCATION OF DEATH				HOSPITAL OR OTHER INSTITUTION - Name (If known, give street and number)		IF HOSP. OR INST. Indicate DOA OR Emer. Inv. Department (Specify)	
7d				7e		7f	
Gary				Methodist Hospital North Lake			
8	STATE OF BIRTH (If not in U.S.A.)	9		10		11	
Miss	U.S.A.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		SURVIVING SPOUSE (If wife, give maiden name)		WAS DECIDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No)	
12				13		14	
CITY, TOWN OR LOCATION OF DEATH				USUAL OCCUPATION (Name, kind of work done or thing done, giving job, even if retired)		KIND OF BUSINESS OR INDUSTRY	
7d				14a		14b	
Gary				Payroll Clerk		State of Indiana	
13	RESIDENCE - STATE	15b		15c		15d	
317-20-8814	Indiana	Lake		Gary		1565 Tyler St.	
15e				15f		15g	
IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC.				15e		15f	
15g				15h		15i	
YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				15h		15i	
16		17		18		19	
FATHER - NAME		MOTHER - MAIDEN NAME		CITY OR TOWN		STATE	
Peter W. Matthews		Julia L. Neal		Gary, Indiana		46407	
18a		18b		18c		18d	
INFORMANT - NAME (Type or print)		RELATIONSHIP		Mailing Address		CITY OR TOWN	
Samuel Garrett (Husband)		Husband		1565 Tyler St.		Gary, Indiana	
19a		19b		19c		19d	
BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY - FUNERAL HOME		LOCATION		CITY OR TOWN	
Burial		Evergreen Cemetery		Hobart, Indiana		Gary, Indiana	
20a		20b		20c		20d	
DATE (MONTH DAY YEAR)		FUNERAL HOME - NAME AND ADDRESS (STREET, CITY, STATE, ZIP)		CITY OR TOWN		STATE	
12/21/82		Guy & Allen Funeral Directors 2959 W. 11th Ave. Gary, In.		Gary, Indiana		Indiana	
21a				21b		21c	
For the best of my knowledge, death occurred at the time, date and place and due to the cause stated				DATE SIGNED (Mo. Day Yr.)		HOUR OF DEATH	
21a				21b		21c	
NAME OF ATTENDING PHYSICIAN (Type or Print)				DATE SIGNED (Mo. Day Yr.)		HOUR OF DEATH	
Dr. S.A. Desai				1/1/83		8:00	
21d				21e		21f	
MAILING ADDRESS - PHYSICIAN				DATE RECEIVED BY LOCAL HEALTH OFFICER		HOUR OF DEATH	
3290 Grant St. Gary, Indiana				1/5/83		8:00	
22a				22b		22c	
HEALTH OFFICER - SIGNATURE				DATE RECEIVED BY LOCAL HEALTH OFFICER		HOUR OF DEATH	
S.A. Desai				1/5/83		8:00	
23		24		25		26	
IMMEDIATE CAUSE		INTERMEDIATE CAUSE (If applicable)		Interval between onset and death		Interval between onset and death	
10/2/82		10/2/82		10/2/82		10/2/82	
PART I		PART II		PART III		PART IV	
(a)		(b)		(c)		(d)	
DUE TO OR AS A CONSEQUENCE OF		DUE TO OR AS A CONSEQUENCE OF		DUE TO OR AS A CONSEQUENCE OF		DUE TO OR AS A CONSEQUENCE OF	
PART II		PART III		PART IV		PART V	
OTHER SIGNIFICANT CONDITIONS		OTHER SIGNIFICANT CONDITIONS		OTHER SIGNIFICANT CONDITIONS		OTHER SIGNIFICANT CONDITIONS	

EMBALMER'S NAME Roosevelt Allen
FUNERAL DIRECTOR'S SIGNATURE Roosevelt Allen
LICENSE No. 5170
FUNERAL DIRECTOR'S LICENSE No. 270

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

CAUSE

AUDITOR LAKE'S CONFIRMATION
Glenn B. ...

Logan Park #14+15 BC2
Logan Park #16 BC2
#45-361-14
45-361-16

PA 400

\$100
to be
returned
to Customer

CERTIFIED COPY

E. M. [Signature]
CITY OF DALLAS, TEX.
DATE *Jan 5, 1983*