

705090

INDIANA STATE BOARD OF HEALTH
CORONER'S CERTIFICATE OF DEATHState
No.Local No. **80-0123**DATE OF DEATH (MONTH DAY YEAR)
3 FEBRUARY 18, 1980

876

TYPE OR PRINT
PLAINLY WITH
NON-FADING INK
THIS IS A
PERMANENT
RECORD

Form for State Office Use

C.T. L. + I -
42-136-18
42-136-18C.T. L. + I -
42-136-18
42-136-18Disposition Permit
Issued / /
Provisional
Certificate
 Yes No**FILED**FUNERAL HOME
No. 248DECEASED
No. 19 1980
Auditor Lake County

LICENSE No. 4260

FUNERAL DIRECTOR'S
LICENSE No. 1984EMBALMER'S NAME
Ede WarnerFUNERAL DIRECTOR'S
SIGNATURE
Ede WarnerTYPE OR PRINT
IN
PERMANENT
INK
FOR
INSTRUCTIONS
SEE
HANDBOOK

DECEASED

NO. OF DEATHS
OCCURRING
IN THIS
COUNTY
REGARDING
COMPLETION OF
RESIDENCE ITEMS

DECLASED - NAME 1 ANNIE MAE MC NEIL		SEX 2 FEMALE	DATE OF DEATH (MONTH DAY YEAR) 3 FEBRUARY 18, 1980
RACE - (e.g. White, Black, American, Ind. or etc.) (Specify) 4 AMER. BLK.	AGE - Last Birthday (Mo. Day Yr.) 5a 59	UNDER 1 YEAR 5b MOS DAYS	UNDER 1 DAY 5c HOURS MINS
CITY, TOWN OR LOCATION OF DEATH 7b GARY		HOSPITAL OR OTHER INSTITUTION - (Name if not in other give street and number) 7c 2264 WASHINGTON STREET	IF HOSP OR INST. indicate DOA OP Emer. Am. Institution (Specify) 7d N/A
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 (Specify) 10 MARRIED	SURVIVING SPOUSE (If wife give maiden name) 11 TIMOTHY MC NEIL
SOCIAL SECURITY NUMBER 13 341-88-0990	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 AND LOCATION 15c GARY	INSIDE CITY LIMITS (Specify YES OR NO) 15f YES
STREET AND NUMBER 15d 2264 WASHINGTON STREET		IS RESIDENCE ON A FARM? 15e YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	15f 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 U/A		MOTHER - MAIDEN NAME 17 MINNIE U/A	
INFORMANT - NAME (Type or Print) 18a TIMOTHY MC NEIL		MAILING ADDRESS (STREET OR R.F.D. NO.) 18b 2264 WASHINGTON STREET	CITY OR TOWN STATE ZIP 18c GARY INDIANA 46407
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a BURIAL		CEMETERY OR CREMATORY - FUNERAL HOME 19b FERN OAKS CEMETERY	LOCATION CITY OR TOWN STATE 19c GRIFFITH INDIANA
DATE (MONTH DAY YEAR) 20a FEBRUARY 21, 1980		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, IND. 46407	
On the basis of examination and/or investigation in my opinion death occurred at the time date and place and due to the cause(s) stated		DATE SIGNED (Mo. Day Yr.) 21b 2-22-80	HOUR OF DEATH 21c 7:00 PM
CERTIFIER 21a Signature <i>Albert Willardo M.D.</i>		PRONOUNCED DEAD (Mo. Day Yr.) 21d ON 2-18-80	PRONOUNCED DEAD (Mo. Day Yr.) 21e AT 7:00 PM
NAME AND ADDRESS OF CERTIFIER (Type or Print) 21f DR. ALBERT T. WILLARDO, M.D. 2293 NO. MAIN STREET CROWN POINT, INDIANA 46307		DATE RECEIVED BY LOCAL HEALTH OFFICER (Mo. Day Yr.) 22b FEB 22 1980	
HEALTH OFFICER - SIGNATURE 22a <i>E. N. Caldwell, M.D.</i>			
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST 23 IMMEDIATE CAUSE PART I (a) Coronary occlusion		Interval between onset and death Undetermined	
(b) DUE TO OR AS A CONSEQUENCE OF Due to arteriosclerotic heart & vascular disease		Interval between onset and death	
(c) DUE TO OR AS A CONSEQUENCE OF		Interval between onset and death	
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I (a) Diabetes		AUTOPSY (Specify Yes or No) 24 No	
ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify) 25a Natural	DATE OF INJURY (Mo. Day Yr.) 25b	HOUR OF INJURY 25c M	DESCRIBE HOW INJURY OCCURRED 25d
INJURY AT WORK? (Specify Yes or No) 25e		PLACE OF INJURY - (At home, farm, street, factory, office building, etc.) (Specify) 25f	LOCATION CITY OR TOWN STATE 25g

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E. N. Caldwell, M.D.

HEALTH COMMISSIONER
CITY OF GARY, IND

DATE FEB 25 1980