

TYPE OR PRINT
PLAINLY WITH
UNFADING INK
THIS IS A
PERMANENT
RECORD

Below for Health Officer Use

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EMBALMER'S NAME Esther Hixwell

LICENSE No. 1082

FILED

CASE No. 20-1383

AUDITOR LAKE COUNTY

50 705139
73-1554

INDIANA STATE BOARD OF HEALTH
HEALTH OFFICER'S CERTIFICATE OF DEATH

State No.

Local No.

PERMANENT INK		DECEASED—NAME				SEX		DATE OF DEATH (MONTH, DAY, YEAR)	
		FIRST	MIDDLE	LAST	Male		November 18, 1973		
FOR INSTRUCTIONS REFER TO THE PHYSICIAN'S, FUNERAL DIRECTOR'S AND MEDICAL EXAMINER'S/CORONER'S HANDBOOK.		Willie Frazier			Male		November 18, 1973		
1. RACE (SPECIFY)		2. AGE—LAST BIRTHDAY (YEARS)		3. UNDER 1 YEAR	4. UNDER 1 DAY	5. DATE OF BIRTH (MONTH, DAY, YEAR)		6. COUNTY OF DEATH	
Negro		71		MOB. DAYS	HOURS	MIN.		Lake	
7. CITY, TOWN, OR LOCATION OF DEATH		8. INSIDE CITY LIMITS (SPECIFY YES OR NO)		9. HOSPITAL OR OTHER INSTITUTION—(NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER))					
Gary		yes		Mercy Hospital					
10. STATE OF BIRTH (IF NOT IN U.S.A.)		11. CITIZEN OF WHAT COUNTRY		12. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		13. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)			
Missouri		U.S.A.		Married		Jessie M.			
14. SOCIAL SECURITY NUMBER		15. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)			16. KIND OF BUSINESS OR INDUSTRY				
493-30-8762		Retired			U.S. Steel				
17. USUAL RESIDENCE WHERE DECEASED LIVED IF DEATH OCCURRED IN INSTITUTION GIVE RESIDENCE BEFORE ADMISSION		18. RESIDENCE—STATE	19. COUNTY	20. CITY, TOWN OR LOCATION	21. INSIDE CITY LIMITS (SPECIFY YES OR NO)	22. TOWNSHIP			
1173 Fillmore Street		Indiana	Lake	Gary	yes	Calumet			
23. FATHER—NAME		FIRST	MIDDLE	LAST	24. MOTHER—MAIDEN NAME		FIRST	MIDDLE	LAST
Willie Frazier					Cora Bolden				
25. MARRIAGE—NAME		26. RELATIONSHIP		27. MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)					
Mrs Jessie M. Frazier		Wife		1173 Fillmore Street, Gary, Ind 46407					

THIS IS TO CERTIFY THAT AS HEALTH OFFICER I HAVE MADE AN INVESTIGATION INTO THE CAUSE OF DEATH OF THE PERSON LISTED IN ITEM 1. THIS INVESTIGATION WAS MADE UNDER THE AUTHORITY AND WITHIN THE LIMITS OF CHAPTER 127, ACTS OF 1949 SECTION 1229. AS A RESULT OF SUCH INVESTIGATION I HAVE DETERMINED THE CAUSE OF DEATH TO BE: (EC 1500 (1973) (1)).

18. PART I. DEATH WAS CAUSED BY		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
(a) IMMEDIATE CAUSE		2-3	
(b) DUE TO, OR AS A CONSEQUENCE OF		2-3	
(c) DUE TO, OR AS A CONSEQUENCE OF		2-3	
18. PART II. OTHER SIGNIFICANT CONDITIONS		23. AUTOPSY (YES OR NO)	
		NO	
24. IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH		100.	

CERTIFICATION—HEALTH OFFICER
James T. Hedrick Jr.

21. I DID, DID NOT VIEW THE BODY AFTER DEATH I DID NOT
22. DEATH OCCURRED AT 7:35 P. M.
23. THE DECEDENT WAS PRONOUNCED DEAD ON: Nov. 18 1973 AT 7:35 P.

24. AT THE PLACE AND TIME AND ON THE DATE STATED ABOVE, AND TO THE BEST OF MY KNOWLEDGE DUE TO THE CAUSES STATED (TYPE OR PRINT HEALTH OFFICER) JAMES T. HEDRICK JR. MD - HEALTH COMMISSIONER

25. MAILING ADDRESS 26. STREET OR R.F.D. NO. 27. CITY TOWN STATE ZIP 28. DATE SIGNED

29. BURIAL, CREMATION, REMOVAL (SPECIFY) 30. CEMETERY, CREMATORY, FUNERAL HOME LOCATION CITY OR TOWN STATE FUNERAL HOME NUMBER

31. BURIAL—DATE MO. DAY YEAR 32. FUNERAL HOME—NAME 33. FUNERAL HOME—ADDRESS

34. HEALTH OFFICER'S SIGNATURE 35. HEALTH OFFICER'S SIGNATURE 36. DATE RECEIVED BY HEALTH OFFICER MONTH DAY YEAR

37. 38. 39. 40. 41. 42. 43. 44. 45. 46. 47. 48. 49. 50. 51. 52. 53. 54. 55. 56. 57. 58. 59. 60. 61. 62. 63. 64. 65. 66. 67. 68. 69. 70. 71. 72. 73. 74. 75. 76. 77. 78. 79. 80. 81. 82. 83. 84. 85. 86. 87. 88. 89. 90. 91. 92. 93. 94. 95. 96. 97. 98. 99. 100.

James T. Hall
ORIGINAL COPY
HEALTH DEPARTMENT
CITY OF COLUMBIANA, IND.
DATE MAR 7 1974