

D. I. Alfano  
2717 Wabash

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

Below for State Office Use

A \_\_\_\_\_  
B \_\_\_\_\_  
C \_\_\_\_\_  
D \_\_\_\_\_  
E \_\_\_\_\_  
F \_\_\_\_\_  
G \_\_\_\_\_  
H \_\_\_\_\_  
I \_\_\_\_\_  
J \_\_\_\_\_  
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8 \_\_\_\_\_

Disposition Permit  
Issued / /  
Provisional  
Certificate  
 Yes  No

10. cc 715700

Local No. 74-1374

INDIANA STATE BOARD OF HEALTH  
MEDICAL CERTIFICATE OF DEATH

Asa Mae Ferriter  
6909 E. 15th Ave  
Gary 46403  
State No. \_\_\_\_\_

FUNERAL HOME  
No. 248

LICENSE No. 4260

Embalmers Name: Ede Warner

OFFICE OF DIRECTORS  
LICENSURE NO. 1984

SIGNATURE: Ede Warner

PERMANENT INK SEE HANDBOOK FOR INSTRUCTIONS		DECEASED—NAME		MIDDLE	LAST	SEX	DATE OF DEATH (MONTH, DAY, YEAR)		
1.		Collie			Glenn	2. Male	3. December 6, 1974		
RACE		AGE—LAST BIRTHDAY (YEARS)	UNDER 1 YEAR MOS. DAYS	UNDER 1 DAY HOURS MIN.	DATE OF BIRTH (MONTH, DAY, YEAR)		COUNTY OF DEATH		
4. Negro		5a. 65	5b.	5c.	6. Dec 17, 1908		7a. Lake		
DECEASED		7b. Gary		7c. yes	7d. Methodist Hospital				
STATE OF BIRTH (IF NOT IN U.S.A.)		CITIZEN OF WHAT COUNTRY		MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)					
8. Tennessee		9. U.S.A.		10. WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		11. Vera Warlick			
USUAL RESIDENCE WHERE DECEASED LIVED IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION		SOCIAL SECURITY NUMBER		USUAL OCCUPATION, TYPE, KIND OF WORK DONE DURING MOST OF MORNING 1974, EVEN IF RETIRED		KIND OF BUSINESS OR INDUSTRY			
12. 1631 Madison Street		13. 311-01-8368		13a. U.S. Steel					
RESIDENCE—STATE		COUNTY	CITY, TOWN OR LOCATION		INSIDE CITY LIMITS (SPECIFY YES OR NO)	TOWNSHIP			
14a. Indiana		14b. Lake	14c. Gary		14d. YES	14e. Calumet			
PARENTS		FATHER—NAME FIRST MIDDLE LAST		MOTHER—MAIDEN NAME FIRST MIDDLE LAST					
15. Robert Glenn		Lisa Smith							
INFORMANT—NAME		RELATIONSHIP		MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)					
17a. Mrs Vera Glenn		17b. Wife		17c. 1631 Madison St. Gary, Indiana					
PART I. DEATH WAS CAUSED BY:		[ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]					APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
18. IMMEDIATE CAUSE		(a) <i>Cerebral Rupture</i>					11 days		
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE, (A), STATING THE UNDER- LYING CAUSE LAST		DUPLICATE OF (a)							
CAUSE		(b) _____							
PART II. OTHER SIGNIFICANT CONDITIONS GIVEN IN PART I (A)		CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE					AUTOPSY YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
		<i>Arteriosclerosis</i>					19a. IF YES, WERE FINDINGS CON- SIDERED IN DETERMINING CAUSE OF DEATH: 19b. YES <input type="checkbox"/> NO <input type="checkbox"/>		
DATE & TIME OF DEATH		MONTH	DAY	YEAR	HOUR	DATE SIGNED	MONTH	DAY	YEAR
20.						21a. <i>[Signature]</i>	December	10	1974
M. D. OR D. O.		PHYSICIAN'S NAME (TYPE OR PRINT) LAST IN ATTENDANCE		SIGNATURE OF PHYSICIAN		PHY. CODE NO.			
22c.		22b. <i>[Signature]</i>							
MAILING ADDRESS—PHYSICIAN:		STREET OR R.F.D. NO.		CITY OR TOWN		STATE		ZIP	
23.		24b. Oak Hill Cemetery		24c. Gary, Indiana					
DISPOSITION		BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY, CREMATORY, FUNERAL HOME		LOCATION		CITY OR TOWN	STATE
24c. Burial		24d. 12/12/74		25a. Smith Bizzell & Warner F.D.		2995 Wash St.		Gary, Ind.	
DATE (MONTH, DAY, YEAR)		FUNERAL HOME—NAME AND ADDRESS		HEALTH OFFICER—SIGNATURE		DATE PROCESSED BY LOCAL HEALTH OFFICER			
25b. 11-3				<i>[Signature]</i>		DEC 11 1974			

Unit 25 Key # 42-100-24-25  
A.T.S. & Co 5th Add 222 + 223 Bl. 1  
Key # 44-303-7  
Gary Ind. Cor 11th  
Bl. 11

514

B.S.P. 4

*James J. Haddock, M.D.*

HEALTH COMMISSIONER  
CITY OF GARY, IND.  
DATE DEC 11 1974