

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

767630

Local No. 80-1002

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

State No. _____

Howard Hill
1649 Broadway
Gary 46407

000058

Below for State Office Use

- A _____
- B _____
- C _____
- D _____
- E _____
- F _____
- G _____
- H _____
- I _____
- J _____
- 1 _____
- 2 _____
- 3 _____
- 4 _____
- 5 _____
- 6 _____
- 7 _____
- 8 _____

LICENSE No. 5170

FUNERAL DIRECTOR'S LICENSE No. 270

FUNERAL HOME No. 770

EMBALMER'S NAME: Roosevelt Allen

FUNERAL DIRECTOR'S SIGNATURE: *[Signature]*

TYPE OR PRINT IN PERMANENT INK FOR INSTRUCTIONS SEE HANDBOOK

DECEASED

USUAL RESIDENCE WHERE DECEASED LIVED IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

PARENTS

DISPOSITION

M.D. OR D.O.

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

CAUSE

DECEASED—NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH—MONTH DAY YEAR	
1		Beatrice		Daniel	2 Female	3 Dec. 17, 1980	
RACE—(1) White, (2) Black, (3) American Indian, (4) Spanish	AGE—Last Birthday (Yrs.)	UNDER 1 YEAR	UNDER 1 DAY	DATE OF BIRTH—(Mo., Day, Yr.)	COUNTY OF DEATH		
4 Black	5a. 83	5b.	5c.	6. 5/12/1897	7a. Lake		
CITY, TOWN OR LOCATION OF DEATH				HOSPITAL OR OTHER INSTITUTION—Name if not in error give street and number.		IF HOSP OR INST Indicate DDA, OP, Emer. Rm., Inpatient, (Specify)	
7a. Gary				7b. 800 Fillmore St.		7c.	
STATE OF BIRTH (If not in U.S.A. name country)	CITIZEN OF WHAT COUNTRY	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	SURVIVING SPOUSE (If wife give maiden name)		WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No)		
8 Arkansas	9 U.S.A.	10 Widowed	11.		12. No		
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		KIND OF BUSINESS OR INDUSTRY			
13 307-20-0094		14a. Housekeeper		14b.			
RESIDENCE—STATE	COUNTY	CITY, TOWN OR LOCATION		IS RESIDENCE ON A FARM?		INSIDE CITY LIMITS (Specify Yes or No)	
15a. Indiana	15b. Lake	15c. Gary		15d. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		15e. yes	
STREET AND NUMBER				IS RESIDENCE ON A FARM?		INSIDE CITY LIMITS (Specify Yes or No)	
15d. 800 Fillmore St.				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		FIRST	MIDDLE	LAST	MOTHER—MAIDEN NAME		FIRST
16		Ira		Hughes	17. Jennie		
INFORMANT—NAME (Type or Print)		MAILING ADDRESS			CITY OR TOWN		
18a. Ivora Willis (daughter)		18b. 2152 Washington St.			18c. Gary, Indiana		
BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—FUNERAL HOME		LOCATION			
19a. Burial		19b. Mt Hill Cemetery		19c. Gary, Indiana			
DATE (MONTH DAY YEAR)		FUNERAL HOME—NAME AND ADDRESS			(STREET OR R.F.D. NO., CITY OR TOWN, STATE ZIP)		
20a. 12/20/80		20b. Guy & Allen Funeral Directors 2959 N. 11th Ave., Gary, Ind.					
To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated:				DATE SIGNED (Mo., Day, Yr.)		PLACE OF DEATH	
21a. (Signature) <i>[Signature]</i>				21b. 12/19/80		FILED	
NAME OF ATTENDING PHYSICIAN (Type or Print)							
21d. Dr. David E. Ross							
MAILING ADDRESS—PHYSICIAN							
21e. 2318 West 5th Ave. Gary, Indiana 46404				AUG 3 1984			
HEALTH OFFICER—SIGNATURE				DATE RECEIVED BY LOCAL HEALTH OFFICER			
22a. <i>[Signature]</i>				22b. <i>[Signature]</i>			
23 IMMEDIATE CAUSE (NEVER ONLY ONE CAUSE PERFORM FOR (b), (c), AND (d))				AUDITOR LAKE COUNTY			
PART I (a) Coronary Occlusion				Interval between onset and death			
(b) _____				Interval between onset and death			
(c) _____				Interval between onset and death			
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)				AUTOPSY (Specify Yes or No)			
24				24			

Disposition Permit Issued / /
Provisional Certificate
 Yes No

400

104030

James J. [Signature]
HEALTH COMMISSIONER
CITY OF CHICAGO, ILL.

DATE: 11-26-1994