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

Below for State Office Use

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Disposition Permit Issued / /

Provisional Certificate ☐ Yes ☐ No

LICENSE No. 5170 EMBALMER'S NAME Roosevelt Allen

FUNERAL DIRECTOR'S LICENSE No. 270 FUNERAL DIRECTOR'S SIGNATURE Roosevelt Allen

FUNERAL HOME No. 770

Local No. 80-1036 767642

INDIANA STATE BOARD OF HEALTH
CORONER'S CERTIFICATE OF DEATH

Ward Tracking: State 1092 Lake No. 20000

TYPE OR PRINT IN PERMANENT INK FOR INSTRUCTIONS SEE HANDBOOK

DECEASED

1. First: Willie; Middle: B.; Last: Franklin
2. Sex: Male
3. Date of Death (Month, Day, Year): Dec. 1, 1980
4. Race: Black
5a. Age: 63
5b. Under 1 year: Months / Days
5c. Under 1 day: Hours / Minutes
6. Date of Birth: 11/15/1917
7a. County of Death: Lake
7b. City, Town or Location of Death: Gary
7c. Hospital or Other Institution: E.J. & E. Crossing & Claumet River
7d. If Hosp. or Inst. Indicate DOA, OP, Emer. Rm., Inpatient (Specify)
8. State of Birth: Arkansas
9. Citizen of What Country: U.S.A.
10. Married, Never Married, Widowed, Divorced: Divorced
11. Surviving Spouse
12. Was Decedent Ever in U.S. Armed Forces? yes
13. Social Security Number: 425-24-2509
14a. Usual Occupation: Machine Operator
14b. Kind of Business or Industry: U.S. Steel Corp.

IF DEATH OCCURRED IN INSTITUTION, SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS.

15a. Residence—State: Indiana
15b. County: Lake
15c. City, Town or Location: Gary
15d. Street and Number: 2309 Lincoln St.
15e. Is Residence on a Farm? YES ☐ NO ☒
15f. Inside City Limits (Specify Yes or No): yes
15g. Is Deceased of Spanish Descent? If yes specify Mexican, Cuban, Puerto Rican, etc. YES ☐ NO ☒

PARENTS

16. Father—Name: First Ervin; Middle; Last Franklin
17. Mother—Maiden Name: First Cindy; Middle; Last

DISPOSITION

18a. Informant—Name (Type or print) Relationship: Willie E. Franklin (Son)
18b. Mailing Address: Street or R.F.D. No. 730 Porter St.; City or Town Gary; State Indiana; Zip
19a. Burial, Cremation, Removal, Other (Specify): Burial
19b. Cemetery or Crematory—Funeral Home: Evergreen Cemetery
19c. Location: City or Town Hobart; State Indiana
20a. Date (Month, Day, Year): 12/6/80
20b. Funeral Home—Name and Address (Street or R.F.D. No., City or Town, State, Zip): Guy & Allen Funeral Directors 2959 W. 11th Ave. Gary, Ind.

CERTIFIER

To be Completed by CORONER Only

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.

21a. Signature: A Willardo, MD
21b. Date Signed (Mo., Day, Yr.): 12-8-80
21c. Hour of Death
21d. Pronounced Dead (Mo., Day, Yr.): 12-1-80
21e. Pronounced Dead (Hour): 3:50 PM
21f. Name and Address of Certifier (Type or Print): ALBERT T. WILLARDO, M.D., 2293 NORTH MAIN ST., CROWN POINT, IN. 46307

22a. Health Officer—Signature: E. M. Caldwell, M.D.
22b. Date Received by Local Health Officer: JAN 5 1981

CAUSE

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

23. Immediate Cause (Enter only one cause per line for (a), (b) and (c).)

PART I
(a) Vascular collapse, heart — Interval between onset and death: unknown
Due to, or as a consequence of:
(b) sterility unknown. — Interval between onset and death:
Due to, or as a consequence of:
(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): Yes (24)

25a. Acc., Suicide, Hom., Undet., or Pending Invest. (Specify)	25b. Date of Injury (Mo., Day, Yr.)	25c. Hour of Injury	25d. Describe How Injury Occurred
Undetermined		M	
25e. Injury at Work (Specify Yes or No)	**25f. Place of Injury—At home, farm, street, factory, office building, etc. (Specify)**		**25g. Location — Street or R.F.D. No. / City or Town / State**

STATE OF INDIANA/S.S. NO. LAKE COUNTY FILED FOR RECORD AUG 13 1984 WILLIE E. FRANKLIN RECORDER

SBH-06-004 REV. 10/77

GARY PARK L.46 BL.4
N. 4 FT L.45 BL.4
43-223-46

GMP 40