

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
K
L
1
2
3
4
5
6
7
8
9
10

771147

FILED

Local No.

1404-84

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

Lewis & Lewis
2148 W 11th Ave
Gary 46404
State No.

FUNERAL HOME
No. 248

FUNERAL DIRECTOR'S
LICENSE No. 4260

FUNERAL DIRECTOR'S
SIGNATURE

TYPE OR PRINT
IN
PERMANENT
INK
FOR
INSTRUCTIONS
SEE
INSTRUCTIONS
HANDBOOK

DECEASED

PARENTS

DISPOSITION

M.D.
OR
D.O.

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

CAUSE

DECEASED—NAME 1. Gladys L. Hagler		SEX 2 female	DATE OF DEATH (MONTH, DAY, YEAR) 3 July 23, 1984
RACE—10 (White, Black American Indian, etc.) (Specify)	AGE—Last Birthday (Yrs)	UNDER 1 YEAR 4a 5b	UNDER 1 DAY 4c 5c
4. Amer Blk	5a 58	DATE OF BIRTH (Mo., Day, Yr.) 6 13 Sept. 1925	COUNTY OF DEATH 7a Lake
CITY, TOWN OR LOCATION OF DEATH 7b Hobart		HOSPITAL OR OTHER INSTITUTION—Name (If not on other page street and number) 7c Hobart Mercy	
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)
8 Tennessee	9 USA	10 Married	11 Murray N. Hagler
SOCIAL SECURITY NUMBER 13 410-26-8627		USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	KIND OF BUSINESS OR INDUSTRY
14a Housewife		14b Homemaker	
RESIDENCE—STATE	COUNTY	CITY, TOWN OR LOCATION	
15a Indiana	15b Lake	15c Gary	
STREET AND NUMBER 15d 3710 East 10th Ave.		IS RESIDENCE ON A FARM? 15e YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	INSIDE CITY LIMITS (Specify Yes or No) 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 Sherman Hillsman		MOTHER—MAIDEN NAME 17 Valarie Mae Smith	
INFORMANT—NAME (Type or print)	RELATIONSHIP	MAILING ADDRESS STREET OR R.F.D. NO.	CITY OR TOWN STATE ZIP
18a Murray N. Hagler (Husband)	18b 3710 East 10th Ave.	Gary, In.	46403
BURIAL, CREMATION, REMOVAL, OTHER (Specify)	CEMETERY OR CREMATORY—FUNERAL HOME	LOCATION CITY OR TOWN STATE	
19a Burial	19b Evergreen Cemetery	19c Hobart Indiana	
DATE (MONTH, DAY, YEAR) 20a July 28, 1984	FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 20b Smith Bizzell & Warner 2295 Washington Gary, In. 46407		
To the best of my knowledge and belief, death occurred on the time, date and place and due to the cause(s) stated. 21a (Signature)		DATE SIGNED (Mo., Day, Yr.) 21b 7/23/84	HOUR OF DEATH 21c
NAME OF ATTENDING PHYSICIAN (Type or Print) 21d Dr. F. Rivera MD.		STATE OF INDIANA FILE FOR RECORD SEP 5 9 04 AM '84 LAKESIDE COUNTY FILE FOR RECORD	
MAILING ADDRESS—PHYSICIAN 21e 3099 Central Ave. Lake Station, In. 46405		DATE RECEIVED BY LOCAL HEALTH OFFICER 22b July 25 1984	
HEALTH OFFICER—SIGNATURE 22a		22c	
23 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))			
PART I (a) Acute myocardial infarction		Interval between onset and death	
OR DUE TO OR AS A CONSEQUENCE OF			
(b) Renal failure		Interval between onset and death	
OR DUE TO OR AS A CONSEQUENCE OF			
(c)			
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a), (b), or (c)			AUTOPSY (Specify Yes or No) 24

400