

INDIANA STATE BOARD OF HEALTH  
MEDICAL CERTIFICATE OF DEATH

State No. ....

PRINT WITH INK  
PERMANENT INK  
SEE HANDBOOK FOR INSTRUCTIONS

771271

73-0110

Local No. ....

State Office Use

FUNERAL HOME

No. 248

FUNERAL DIRECTOR'S LICENSE No. 1984

LICENSE No. 4260

KEY 41-132-13  
BROADWAY A00  
LOT 13 BLOCK 1

Edo Warner

FUNERAL DIRECTOR'S SIGNATURE

PERMANENT INK SEE HANDBOOK FOR INSTRUCTIONS

DECEASED—NAME			FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH, DAY, YEAR)
1. LUDDIE (REED) REID						2. Female	3. Jan. 18, 1973
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. 59	5b.	5c.	6. 27-1913		7a. Lake	
CITY, TOWN, OR LOCATION OF DEATH			INSIDE CITY LIMITS (SPECIFY YES OR NO)	HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)			
7b. Gary			7c. yes	7d. Methodist Hospital			
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)		CITIZEN OF WHAT COUNTRY		MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/>		SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)	
8. Alabama		9. U.S.A.		10. WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		11. Annie Austin	
USUAL RESIDENCE WHERE DECEASED LIVED, IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.		SOCIAL SECURITY NUMBER		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)		KIND OF BUSINESS OR INDUSTRY	
12. 258-28-1772		13a. American Bridge		13b.			
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		
STREET AND NUMBER				14g. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		14f. IS RESIDENCE ON A FARM? (Yes <input type="checkbox"/> No <input type="checkbox"/> )	
14f. 1537 Penn Street				no		yes	
FATHER—NAME FIRST MIDDLE LAST			MOTHER—MAIDEN NAME FIRST MIDDLE LAST				
15. Bill Reed			16. Mattie unknown				
INFORMANT—NAME			RELATIONSHIP		MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)		
17a. Mrs Annie Reed			17b. Wife		17c. 1537 Penn St. Gary, Ind 46407		

PART I. DEATH WAS CAUSED BY: [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)] APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

FILED

SEP 5 1984

Louie O. Trout  
AUDITOR LAKE COUNTY

IMMEDIATE CAUSE		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
(a) Myocardial Decompensation - chronic	2 yrs		
(b) Chronic Arteriosclerotic Heart Disease	2 yrs +		
(c)			
PART II. OTHER SIGNIFICANT CONDITIONS GIVEN IN PART I (A)		AUTOPSY YES <input type="checkbox"/> NO <input type="checkbox"/>	
		19a.	
		IF YES WERE FINDINGS CONSIDERED 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
	JAN	18	1973	11:00 A.M.		1	23	73

PHYSICIAN'S NAME (TYPE OR PRINT)	SIGNATURE OF PHYSICIAN		PHY. CODE NO.
22a. Sidney Goldstone M.D.	22b. [Signature]		
MAILING ADDRESS—PHYSICIAN	STREET OR R.F.D. NO	CITY OR TOWN	STATE ZIP
23. 535 West 35th Avenue		Gary, Indiana	

BURIAL, CREMATION, REMOVAL (SPECIFY)	CEMETERY, CREMATORY, FUNERAL HOME	LOCATION	CITY OR TOWN	STATE
24a. Burial	24b. Oak Hill Cemetery	24c. Gary, Indiana		
DATE (MONTH, DAY, YEAR)	FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)			
24d. 1/22/73	25a. Smith Pizzell & Warner Fun Home 2295 Wash. St.			

HEALTH OFFICER—SIGNATURE	DATE RECEIVED BY LOCAL HEALTH OFFICER
25b. [Signature]	25c. JAN 24 1973

tion Permit  
visional  
rtificate  
s  No

CERTIFIED COPY

*James T.*

HEALTH COMMISSIONER  
CITY OF GARR, ILL.

DATE JAN 24 1973

*NO.*