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

FUNERAL DIRECTOR'S LICENSE No. 2124 EMBALMER'S NAME Rowland McColly LICENSE No. 5123

4C-77213

Local No. 67 1528

INDIANA STATE BOARD OF HEALTH
DIVISION OF VITAL RECORDS
MEDICAL CERTIFICATE OF DEATH

State No. 735 10 Dec. 1967

1. PLACE OF DEATH
a. COUNTY: Lake
b. CITY, TOWN, OR LOCATION: Gary
c. Length of Stay in 1b
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address): Methodist Hospital
e. IS PLACE OF DEATH INSIDE CITY LIMITS? YES ☒ NO ☐

2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission)
a. STATE: Indiana
b. COUNTY: Lake
c. CITY, TOWN, OR LOCATION: Gary
d. STREET ADDRESS: 3361 Mass.
e. IS RESIDENCE INSIDE CITY LIMITS? YES ☐ NO ☒
f. IS RESIDENCE ON A FARM? YES ☐ NO ☐

3. NAME OF DECEASED (Type or print): First HARRY; Middle; Last YOKOFUJITA JR.
4. DATE OF DEATH: Month Day Year: 11-10-1967
5. SEX: M
6. COLOR OR RACE: Japanese
7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 7-8-1918
9. AGE (In years last birthday): 49
IF UNDER 1 YEAR: Months; Days
IF UNDER 24 HRS.: Hours; Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Chemical Operator
10b. KIND OF BUSINESS OR INDUSTRY: Marbon Chem. Company
11. BIRTHPLACE (State or foreign country): Indiana
12. CITIZEN OF WHAT COUNTRY: U S
13. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no
14. SOCIAL SECURITY NO.: 315 09 6500
15. FATHER'S NAME: Harry Yokofujita , Sr.
16. MOTHER'S MAIDEN NAME: Mary Hulus
17a. INFORMANT'S NAME: Mrs. Violet Bolinsky
17b. INFORMANT'S ADDRESS: 361 E. 35th Ave., Gary, Ind.
17c. RELATIONSHIP TO DECEASED: Sister

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Renal failure (Uremia)
Conditions, if any, which gave rise to above cause (a) stating the underlying cause last.
DUE TO (b): Acute Glomerulonephritis
DUE TO (c):
INTERVAL BETWEEN ONSET AND DEATH: 1 Dec.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a): Malignant hypertension
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY: Hour a.m. p.m.; Month; Day; Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION; COUNTY; STATE

21. ATTENDING PHYSICIAN: I certify that I attended the deceased from Oct. 1967 to [illegible] and last saw her/him alive on 11-9-67. Death occurred at [illegible] M ☐ E.S.T. ☐ C.S.T. on the date stated above; and to the best of my knowledge, from the causes stated.
22. HEALTH OFFICER: I certify that I investigated cause of death of deceased and find that death occurred at [illegible] M ☐ E.S.T. ☐ C.S.T. from causes stated and on above date.

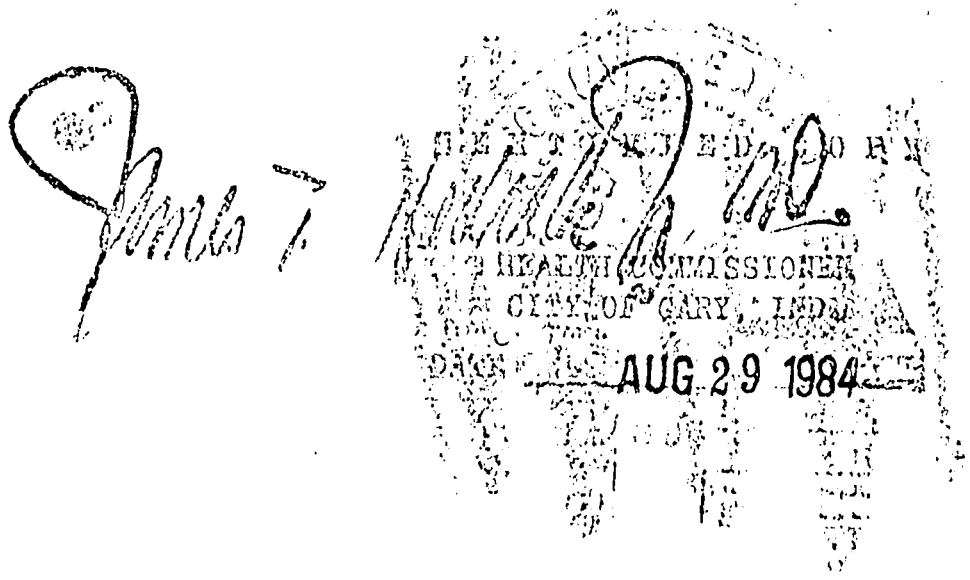
23a. Signature of Attending Physician or Health Officer: [signature]
23b. ADDRESS: [illegible]
23c. DATE SIGNED: 11-10

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11-11-1967
24c. NAME OF CEMETERY OR CREMATORY: Calvary
24d. LOCATION: Portage, Ind.

DATE ACCEPTED BY LOCAL HEALTH OFFICER: NOV 10 1967
SIGNATURE OF HEALTH OFFICER: [signature]
25. FUNERAL DIRECTOR: Linton & McColly, Inc., Gary, Ind.
ADDRESS

STATE OF INDIANA LAKE COUNTY AUDITOR'S RECORD

SFH [illegible] Revised 1963 U.S. Department Health, Education and Welfare — Form Approved Bureau No. 68-R173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HEALTH COMMISSIONER
CITY OF GARY, IND.
AUG 29 1984