Thomas Burke Dycaly & Buggy
855 Broadway
Merrillville

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

Below for State Office Use

776107

Local No. 156-77

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

State No. 209

PERMANENT INK SEE HANDBOOK FOR INSTRUCTIONS

DECEASED

1. DECEASED—NAME (FIRST, MIDDLE, LAST): Elsie M. Phillips
2. SEX: Female
3. DATE OF DEATH (MONTH, DAY, YEAR): Feb. 5, 1977
4. RACE: White
5a. AGE—LAST BIRTHDAY (YEARS):
5b. UNDER 1 YEAR MOS. DAYS:
5c. UNDER 1 DAY HOURS MIN.:
6. DATE OF BIRTH (MONTH, DAY, YEAR):
7a. COUNTY OF DEATH:
7b. CITY, TOWN, OR LOCATION OF DEATH:
7c. INSIDE CITY LIMITS (SPECIFY YES OR NO):
7d. HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER):
8. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY):
9. CITIZEN OF WHAT COUNTRY: U.S.A.
10. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
11. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME): Harry O. Phillips
12. SOCIAL SECURITY NUMBER: 310-48-0636
13a. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED):
13b. KIND OF BUSINESS OR INDUSTRY:
14a. RESIDENCE—STATE:
14b. COUNTY:
14c. CITY, TOWN OR LOCATION:
14d. INSIDE CITY LIMITS (SPECIFY YES OR NO):
14e. TOWNSHIP:
14f. STREET AND NUMBER:
14g. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
14h. IS RESIDENCE ON A FARM? YES [ ] NO [ ]

USUAL RESIDENCE (STATE AND COUNTY) WHERE DECEASED LIVED. IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

PARENTS

15. FATHER—NAME (FIRST, MIDDLE, LAST):
16. MOTHER—MAIDEN NAME (FIRST, MIDDLE, LAST):
17a. INFORMANT—NAME:
17b. RELATIONSHIP:
17c. MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP):

PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))

18. IMMEDIATE CAUSE (a): Cerebro-vascular accident — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH:
DUE TO, OR AS A CONSEQUENCE OF (b): Arteriosclerotic Cardio-vascular Disease
DUE TO, OR AS A CONSEQUENCE OF (c):

CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (A), STATING THE UNDERLYING CAUSE LAST

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (A)

19a. AUTOPSY YES [ ] NO [ ]
19b. IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH? YES [ ] NO [ ]

20. DATE & TIME OF DEATH: MONTH DAY YEAR HOUR: 12:38 PM.
21a. DATE SIGNED: MONTH 2 DAY 7 YEAR 77

M. D. OR D. O.

22a. PHYSICIAN'S NAME (TYPE OR PRINT) LAST IN ATTENDANCE: MARY D. CARROLL, M.D
22b. SIGNATURE OF PHYSICIAN: Mary D. Carroll M.D.
PHY. CODE NO.:
23. MAILING ADDRESS—PHYSICIAN: 124 N. MAIN (STREET OR R.F.D. NO.) CROWN POINT (CITY OR TOWN) IND. (STATE) 46307 (ZIP)

DISPOSITION

24a. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
24b. CEMETERY, CREMATORY, FUNERAL HOME: Oakwood Park Cemetery
24c. LOCATION CITY OR TOWN STATE: Merrillville Indiana
24d. DATE (MONTH, DAY, YEAR): Feb. 7, 1977
25a. FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): Wilson-Hall Funeral Home, P.C. [illegible]
25b.
26a. HEALTH OFFICER—SIGNATURE:
26b. DATE RECEIVED BY LOCAL HEALTH OFFICER: 2-9-77

SBH06-003

Disposition Permit Issued / /
Provisional Certificate ☐ Yes ☐ No

EMBALMER'S NAME
FUNERAL DIRECTOR'S SIGNATURE

LICENSE No. FUNERAL DIRECTOR'S
LICENSE No.

COMMISSIONER OF HEALTH
COUNTY HEALTH OFFICER

THIS CERTIFICATE COMPLETED AS TO CAUSE OF DEATH BY ME ON FEB 9 1976
COMPLETE COPY OF THE CERTIFICATE OF DEATH OR FILE WITH THE LAKE COUNTY HEALTH DEPT.

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FILED
OCT 12 1984
AUDITOR LAKE COUNTY

STATE OF INDIANA
LAKE COUNTY
FILED
OCT 13 3:05 PM 1984
WILLIAM E. WILSON JR
RECORDER

Key # 9-38-9
Holton Hill Add. L.9 Bl.3
N. 5ft L.10 & Resub L.10, 11 & L.12

40'

Bad copy