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Key 45-149-14
Jefferson Road + Health Dept
No. 1 28 13 Bl. 707TH ON FILE WITH THE LAKE COUNTY HEALTH DEPT.
W. 22. 2. 14. 22 14th

782707

Local No. 2373-84

INDIANA STATE BOARD OF HEALTH MEDICAL CERTIFICATE OF DEATH

State No. _____

122

FUGATEE HONORS
No. AUTHOR LAKE COUNTY

LICENSE No. 4260

EMBALMER'S NAME Ede Warner

FUNERAL DIRECTOR'S SIGNATURE
FUGATEE HONORS
No. _____
L. HEALTH DEPT. COUNTY HEALTH DEPT.

TYPE OR PRINT IN PERMANENT INK FOR INSTRUCTIONS SEE HANDBOOK

DECEASED

USUAL RESIDENCE WHERE DECEASED LIVED IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION

PARENTS

DISPOSITION

M.D. OR D.O.

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

CAUSE

1 DECEASED—NAME FIRST MIDDLE LAST WILLIE T. SELLS		2 SEX MALE	3 DATE OF DEATH (MONTH DAY YEAR) NOVEMBER 21, 1984
4 RACE—(See White, Black, American Indian, etc. (Specify)) AMER. BLK.	5a AGE—Last Birthday (Year) 63	5b UNDER 1 YEAR MONTHS DATE 63	5c UNDER 1 DAY HOURS MIN. 63
6 CITY, TOWN OR LOCATION OF DEATH MERRILLVILLE		7a HOSPITAL OR OTHER INSTITUTION—Name (if not in other give street and number) BROADWAY METHODIST SOUTHLAKE CAMPUS	7b COUNTY OF DEATH LAKE
8 STATE OF BIRTH (If not in U.S.A. name country) ARKANSAS	9 CITIZEN OF WHAT COUNTRY U.S.A.	10 MARRIED NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	11 SURVIVING SPOUSE (If wife give maiden name) KANSAS LEE HENRY
12 SOCIAL SECURITY NUMBER 431-18-5692		13a USUAL OCCUPATION (Give kind of work done during most of working life even if retired) RETIRED FOREMAN	13b KIND OF BUSINESS OR INDUSTRY U.S. STEEL COMPANY
14a RESIDENCE—STATE INDIANA	14b COUNTY LAKE	14c CITY, TOWN OR LOCATION GARY	
15a STREET AND NUMBER 2568 WEST 13th AVENUE		15b IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	15c INSIDE CITY LIMITS (Specify Yes or No) YES
16 IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
17 FATHER—NAME FIRST MIDDLE LAST WILLIE SELLS		18 MOTHER—MAIDEN NAME FIRST MIDDLE LAST EUGENIA ROGERS	
19a INFORMANT—NAME (Type or print) KANSAS SELLS (WIFE)		19b RELATIONSHIP WIFE	
20a MAILING ADDRESS 2568 WEST 13th AVENUE		20b CITY OR TOWN GARY	
20c STATE INDIANA		20d ZIP 46404	
21a BURIAL, CREMATION, REMOVAL, OTHER (Specify) BURIAL		21b CEMETERY OR CREMATORY—FUNERAL HOME OAKHILL CEMETERY	
21c LOCATION GARY		21d CITY, TOWN OR LOCATION INDIANA	
22a DATE (MONTH DAY YEAR) NOVEMBER 27, 1984		22b FUNERAL HOME (Name and address) SMITH BIZZELL & WARNER, INC., 2295 WASH. ST., GARY, IND. 464	
23 To the best of my knowledge death occurred on the date and place and due to the cause(s) stated 23a (Signature) <i>Bassem Attassi</i>		23b DATE SIGNED (Mo Day Yr) NOV 27 1984	23c HOUR OF DEATH 11:27 AM '84
24 NAME OF ATTENDING PHYSICIAN (Type or Print) DR. BASSEM ATASSI, M.D.		24b M.D. OR D.O. M.D.	
25 MAILING ADDRESS—PHYSICIAN 206 EAST 86th PLACE		25b CITY, TOWN OR LOCATION MERRILLVILLE, INDIANA 46410	
26 HEALTH OFFICER—SIGNATURE <i>Bassem Attassi</i>		26b DATE RECEIVED BY LOCAL HEALTH OFFICER 11-27-84	
27 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a) (b) AND (c)) PART I (a) <i>Pulmonary embolism</i>		Interval between onset and death	
(b) <i>14 thrombophlebitis</i>		Interval between onset and death	
(c) <i>Radical prostaticectomy w/ of the prostate</i>		Interval between onset and death	
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a) (b) (c)		28 AUTOPSY (Specify Yes or No)	

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