

PLEASE PRINT
MAINLY, WITH
FADING INK

THIS IS A
PERMANENT
RECORD

(For State Office)

791514

Local No. 85-0020

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

State No. _____

357

DECEASED - NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH DAY YEAR)	
1 Xenophon		B.	Childress	male	3	Jan. 9, 1985	
RACE - (Specify if White, Black, American Indian or Ill.)		AGE - Last Birthday (Specify)	UNDER 1 YEAR		DATE OF BIRTH (Mo. Day Year)		COUNTY OF DEATH
4 Amer Blk		6a 76	5b	5c	6 14 Nov. 1908		7a Lake
CITY, TOWN OR LOCATION OF DEATH			HOSPITAL OR OTHER INSTITUTION - Name if not in either give street and number			IF HOSP OR INST indicate DOA UP, Emer, Am, Institution (Specify)	
7b Gary			7c Gary Methodist			7d inpatient	
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)		WAS DECEASED EVER IN U.S. ARMED FORCES? (Specify Yes or No)
8 Arkansas		9 USA		10 married		11 Lillian Woodson	
SOCIAL SECURITY NUMBER			USUAL OCCUPATION (State kind of work done during most of working life, specify)			KIND OF BUSINESS OR INDUSTRY	
13 312-10-9554			14a Retired Steelworker			14b U.S. Steel Gary Works	
RESIDENCE - STATE		COUNTY		CITY, TOWN OR LOCATION			
15a Indiana		15b Lake		15c Gary			
STREET AND NUMBER					IS RESIDENCE ON A FARM?		DOES CITY PERMITS CITY (Specify No)
15d 2639 Washington					15e YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		STATE OF INDIANA
IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC							
15g YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
FATHER - FIRST		MIDDLE		LAST		MOTHER - MAIDEN NAME	
16 Turner		Childress		Mertis		Demray	
INFORMANT - NAME (Type or Print) RELATIONSHIP			MAILING ADDRESS		CITY OR TOWN		
18a Lillian Childress wife			18b 2639 Washington		Gary, Indiana		
BURIAL, CREMATION, REMOVAL, OTHER (Specify)			CEMETERY OR CREMATORY - FUNERAL HOME			LOCATION	
19a burial			19b Evergreen Cemetery			19c Hobart Indiana	
DATE (MONTH DAY YEAR)				FUNERAL HOME - NAME AND ADDRESS		STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP	
20a January 14, 1985				20b Smith Bizzell & Warner		2295 Washington Gary, In. 46407	
To the best of my knowledge, death occurred at the time, date and place and due to the causes stated				DATE SIGNED (Mo. Day Year)		HOUR OF DEATH	
21a (Signature) E. lon De Bois Md				21b 1/10/85		21c 1/8/85 12:00 PM	
NAME OF ATTENDING PHYSICIAN (Type or Print)							
21d Dr. Elon Debois Md.							
MAILING ADDRESS - PHYSICIAN							
21e 4645 Broadway Gary, In. 46408							
HEALTH OFFICER'S SIGNATURE					DATE RECEIVED BY LOCAL HEALTH OFFICER		
22a [Signature]					22b JAN 14 1985		
CONDITIONS IF ANY WHICH GAVE RISE TO CAUSE STATING THE UNDERLYING CAUSE LAST							
PART I (a) Pulmonary Carcinomatosis							
DUE TO OR AS A CONSEQUENCE OF							
(b) Bronchogenic Carcinoma							
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)							AUTOPSY (Specify Yes or No)
23 Hypertension and arteriosclerotic cardiovascular disease							24 No

LICENSE No. 1625
 FUNERAL DIRECTOR'S LICENSE No. 1625
 EMBALMER'S NAME Sherman G. Banks 3rd
 FUNERAL DIRECTOR'S SIGNATURE [Signature]
 LICENSE No. 1625
 ADDITIONAL LICENSE No. 1625

TYPE OR PRINT IN PERMANENT INK FOR INSTRUCTIONS SEE HANDBOOK

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

M.D. OR D.O.

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

CAUSE

And Oak PA Add
 Bl. 46
 Bl. 46 # 46-203-477

FILED
 FEB 8 1985
 REC'D

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