

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

798164

74-0127

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

Dr. Mirich U.S. 30 30-Madison
Cabinet Hall Bldg
P.O. Box 69
Gary, Ind.

Local No.

PERMANENT INK
SEE HANDBOOK FOR
INSTRUCTIONS

FUNERAL HOME
No. 248
FUNERAL DIRECTOR'S
LICENSE No. 2397

DECEASED—NAME FIRST MIDDLE LAST SEX DATE OF DEATH (MONTH, DAY, YEAR)
1. Harry Moore Male April 9, 1974

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 59 5b. 5c. Oct 1911 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 & NEVER MARRIED SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)
8. Missouri 9. U.S.A. 10. Annis Florine Robinson

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. 425-07-3923 13a. Mill Worker 13b. Steel

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, equipment) (If yes, give war or dates of service) 14h. IS RESIDENCE ON A FARM?
14f. 813 W. 5th Avenue W.W.II 14h. YES NO

FATHER—NAME FIRST MIDDLE LAST MOTHER—MAIDEN NAME FIRST MIDDLE LAST
15. Harry Moore 16. Beatrice Elliott

INFORMANT—NAME RELATIONSHIP MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)
17a. Annie Moore 17b. Wife 17c. 813 W. 16th Avenue Gary, Ind.

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

18. IMMEDIATE CAUSE
(a) *Congestive heart failure* *2* *3*
(b) *Arteriosclerotic heart disease* *5* *6*
CAUSE (c) *Myocardial infarction* *7* *8*

PART II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE AUTOPSY IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH
19a. *Chronic Posttraumatic Pulmonary Emphysema* YES NO 19b. YES NO

DATE & TIME OF DEATH MONTH DAY YEAR HOUR DATE SIGNED MONTH DAY YEAR
20. April 9 1974 21a. April 13 1974

PHYSICIAN'S NAME (TYPE OR PRINT) LAST IN ATTENDANCE SIGNATURE OF PHYSICIAN PHY. CODE NO.
22a. *CRIST C MIRICH* 22b. *Edward Steneck*

MAILING ADDRESS—PHYSICIAN STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP
23. *500 W Lincoln Highway* *Kerrville Indiana 46416*

BURIAL, CREMATION, REMOVAL (SPECIFY) CEMETERY, CREMATORY, FUNERAL HOME LOCATION CITY OR TOWN STATE
24a. *Burial* 24b. *Evergreen Memorial* 24c. *Hobart, Indiana*

DATE (MONTH, DAY, YEAR) FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)
24d. *4/13/74* 25a. *Smith Bizzell & Warner P.O. Box 2295 Wash. St. Gary, Ind.*

HEALTH OFFICER—SIGNATURE DATE RECEIVED BY LOCAL HEALTH OFFICER
25b. *[Signature]* *APR 13 1974*

Below for State Office Use
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Disposition Permit
Issued / /
Provisional Certificate
 Yes No

EMBALMER'S NAME *Ethor Bizzell*
FUNERAL DIRECTOR'S SIGNATURE *[Signature]*

787

John A. [unclear]

DATE REPLIED COPY
HEALTH COMMISSIONER
CITY OF GARY, IND.
DATE MAR 27 1985