FUNERAL HO. No. 152

FUNERAL DIRECTOR'S LICENSE No. 1735

DECEASED

1. RACE: Negro
4. AGE—LAST BIRTHDAY (YEARS): 5a. 72
UNDER 1 YEAR: MOS. DAYS 5b.
UNDER 1 DAY: HOURS MIN. 5c.
DATE OF BIRTH (MONTH, DAY, YEAR): 3-1901
SOCIAL SECURITY NO.

7b. CITY, TOWN, OR LOCATION OF DEATH: Hammond
INSIDE CITY LIMITS (SPECIFY YES OR NO): 7c. Yes
HOSPITAL OR OTHER INSTITUTION: 7d. St. Margaret Hospital

8. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY): Alabama
9. CITIZEN OF WHAT COUNTRY: U.S.A.
10. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
11. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)

12. SOCIAL SECURITY NUMBER: 315 48 0966
13a. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED): Housewife
13b. KIND OF BUSINESS OR INDUSTRY

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

14a. RESIDENCE—STATE: Indiana
14b. COUNTY: Lake
14c. CITY, TOWN OR LOCATION: East Chicago
14d. INSIDE CITY LIMITS (SPECIFY YES OR NO): Yes
TOWNSHIP: North
14e. STREET AND NUMBER: 4715 McCook Ave.
14g. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unknown): No (If yes, give warrant date and branch)
14h. LIVED ON A FARM

PARENTS

15. FATHER—NAME: FIRST Calvin MIDDLE Wood LAST
16. MOTHER—MAIDEN NAME: FIRST Unknown MIDDLE LAST

17a. INFORMANT—NAME: Bertha Stubblefield
17b. RELATIONSHIP: Daughter
17c. MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): 4715 McCook Ave., East Chicago, Ind.

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

18. IMMEDIATE CAUSE (a) Cerebral Vascular Accident
DUE TO, OR AS A CONSEQUENCE OF: (b) Generalized Arteriosclerosis
DUE TO, OR AS A CONSEQUENCE OF: (c) of Vascular Disease

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: Approx 2 d

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

PART II. OTHER SIGNIFICANT CONDITIONS — CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (A): Diabetes Mellitus, Pancreatitis

19a. AUTOPSY: YES ☐ NO ☒
19b. IF YES, WERE FINDINGS CONSIDERED IN ESTABLISHING CAUSE OF DEATH?

20. DATE & TIME OF DEATH: MONTH 12 DAY 20 YEAR 73 HOUR 9:40 A.M.
21a. DATE SIGNED: MONTH 12 DAY 24 YEAR 73

M. D. OR D. O.

22a. PHYSICIAN'S NAME (TYPE OR PRINT) LAST IN ATTENDANCE: A. T. WILLARDO
22b. SIGNATURE OF PHYSICIAN: A. Willardo M.D.
PHY. CERTIFIER

23. MAILING ADDRESS—PHYSICIAN: 530 DOUGLAS STREET OR R.F.D. NO. HAMMOND CITY OR TOWN, STATE, ZIP

DISPOSITION

24a. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
24b. CEMETERY, CREMATORY, FUNERAL HOME: Evergreen Memorial Park
24c. LOCATION: Hobart, Indiana
24d. DATE (MONTH, DAY, YEAR): 12-27-1973
25a. FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): Hinton & Williams 4859 Alexander Ave.
25b. HEALTH OFFICER—SIGNATURE: C. E. Grunhorn M.D.
25c. DATE: DEC 26 1973

EMBALMER'S NAME: John R. Williams
FUNERAL DIRECTOR'S SIGNATURE: John R. Williams
LICENSE No. 1735

113-3

Bad Original

THIS CERTIFIES THE ABOVE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE HAMMOND HEALTH DEPT.

MAR 20 1985

Franklin D. Gremmada M.D.

Date Issued

HAMMOND HEALTH COMMISSIONER