

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

810371

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

held for George Adams

Local No. 552-77

State No.

PERMANENT INK SEE HANDBOOK FOR INSTRUCTIONS		DECEASED—NAME FIRST MIDDLE LAST 1. <u>Wanda Ellen Potts</u>		SEX 2. <u>F</u>	DATE OF DEATH (MONTH, DAY, YEAR) 3. <u>5-10-77</u>
RACE 4. <u>W</u>	AGE—LAST BIRTHDAY (YEARS) 5a. <u>60</u>	UNDER 1 YEAR MOS. DAYS 5b.	UNDER 1 DAY HOURS MIN. 5c.	DATE OF BIRTH (MONTH, DAY, YEAR) 6. <u>8-10-16</u>	COUNTY OF DEATH 7a. <u>Lake</u>
CITY, TOWN, OR LOCATION OF DEATH 7b. <u>Crown Point</u>		INSIDE CITY LIMITS (SPECIFY YES OR NO) 7c. <u>yes</u>	HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 7d. <u>St Anthony Medical</u>		
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) 8. <u>Ill</u>		CITIZEN OF WHAT COUNTRY 9. <u>U.S.A.</u>	MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) 10. <u>Raymond Potts</u>		
USUAL RESIDENCE WHERE DECEASED LIVED. IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.		SOCIAL SECURITY NUMBER 12. <u>307-76-7551</u>	USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) 13a. <u>Housewife</u>		KIND OF BUSINESS OR INDUSTRY 13b. <u>RUBBER</u>
RESIDENCE—STATE 14a. <u>Ind</u>	COUNTY 14b. <u>Lake</u>	CITY, TOWN OR LOCATION 14c. <u>Cedar Lake</u>	INSIDE CITY LIMITS (SPECIFY YES OR NO) 14d. <u>yes</u>	TOWNSHIP 14e. <u>Renover</u>	STATE OF INDIANA FILE NO. JUL 8 1977
STREET AND NUMBER 14f. <u>12828 Wicker Ave</u>		14g. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		14h. RESIDENCE ON A FARM? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	
FATHER—NAME FIRST MIDDLE LAST 15. <u>Arthur Smith</u>		MOTHER—MAIDEN NAME FIRST MIDDLE LAST 16. <u>Clara Carter</u>			
INFORMANT—NAME 17a. <u>Raymond Potts</u>		RELATIONSHIP 17b. <u>Husband</u>	MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 17c. <u>12828 Wicker Cedar Lake, Ind 46303</u>		
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) <u>Acute Cardiac Decompensation</u>			<u>36 hrs.</u>
CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE (SPECIFY THE UNDERLYING DISEASE LAST)		(b) <u>Thrombosis of Jugular Vein Et. of Subclavian</u>			<u>1 wk</u>
CAUSE		(c) <u>Bronchogenic Carcinoma of upper lobe metastatic</u>			<u>3 wks.</u>
PART II. SIGNIFICANT CONDITIONS GIVEN IN PART I (A)		CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE		AUTOPSY YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	IF YES WERE FINDINGS CON- SIDERED IN DETERMINING CAUSE OF DEATH 19b. YES <input type="checkbox"/> NO <input type="checkbox"/>
19a. <u>Metastasis to Axilla, infra & supra clavicula</u>					
AUDITOR SIGNATURE <u>W. O. King</u>		MONTH <u>5</u>	DAY <u>10</u>	YEAR <u>77</u>	HOUR <u>1:50 P.M.</u>
20. PHYSICIAN'S NAME (TYPE OR PRINT) LAST IN ATTENDANCE 22a. <u>ROBERT W. KING, M.D.</u>		SIGNATURE OF PHYSICIAN 22b. <u>R. W. King M.D.</u>		PHY. CODE NO.	
MAILING ADDRESS—PHYSICIAN 23. <u>19301 LINCOLN PLAZA CEDAR LAKE, IND. 46303</u>		CITY OR TOWN <u>CEDAR LAKE, IND.</u>		STATE <u>IND.</u>	ZIP <u>46303</u>
BURIAL, CREMATION, REMOVAL (SPECIFY) 24a. <u>Burial</u>		CEMETERY, CREMATORY, FUNERAL HOME 24b. <u>German Methodist</u>	LOCATION 24c. <u>Cedar Lake Ind.</u>	CITY OR TOWN STATE	
DATE (MONTH, DAY, YEAR) 24d. <u>5-13-77</u>		FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 25a. <u>Eller Brady, 8510 Lake Shore Cedar Lake Ind 46303</u>			
25b. HEALTH OFFICER—SIGNATURE <u>Keith Tracy M.D.</u>		DATE RECEIVED BY LOCAL HEALTH OFFICER 26b. <u>5-11-77</u>			

Below for State Office Use

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FUNERAL HOME
No. 82
FUNERAL DIRECTOR'S LICENSE No. 73
EMBALMER'S NAME
M. O. Brady
FUNERAL DIRECTOR'S SIGNATURE
W. O. King

LAKE COUNTY HEALTH OFFICER

Disposition Permit
Issued 1/1
Provisional
Certificate
 Yes No

SBH06-003

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