

OR PRINT  
ONLY, WITH  
ADING INK  
THIS IS A  
RMANENT  
RECORD

State Office Use

*Gary Land*  
*Wife*  
*# 144-164-17*

LICENSE No. 3362

EMBALMER'S NAME: CELESTE P. KAUFMAN

FUNERAL DIRECTOR'S SIGNATURE: *[Signature]*

FUNERAL DIRECTOR'S LICENSE No. 1351

FUNERAL HOME

No. 241

1000  
814837

Local No. 85-0101

Dr. Jacqueline Carter, Methodist Hosp., Northlake Campus

INDIANA STATE BOARD OF HEALTH  
MEDICAL CERTIFICATE OF DEATH

State No. 460

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.

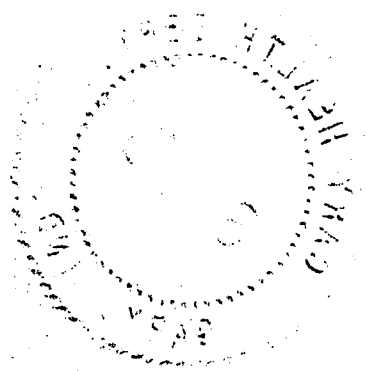
DECEASED—NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH DAY YEAR)
CONRAD				MINOR, Jr.	Male	February 9, 1985
RACE—(as of White, Black, American Indian, etc.)	AGE—(Last Birthday)	UNDER 1 YEAR	UNDER 1 DAY	DATE OF BIRTH (Mo. Day Yr.)	COUNTY OF DEATH	
Black American	59	Mo. Days	Hours Mins	6 Oct. 10, 1925	7a Lake	
CITY, TOWN OR LOCATION OF DEATH			HOSPITAL OR OTHER INSTITUTION—Name if not in other part and number		IF HOSP OR INST INCLD ODA (CP, Hosp, Res, Institution, etc.)	
7b Gary			7c Methodist Hospital Northlake Campus		7d In Patient	
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 DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No)	
8 ALABAMA	9 U.S.A.	10 Married	11 Mattie Conley		12 No	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give kind of work done during most of working life from 15 years ago)		KIND OF BUSINESS OR INDUSTRY		
13 304-22-8290		14a Retiree - J & L Steel		14b Steel Mill		
RESIDENCE—STATE	COUNTY	CITY, TOWN OR LOCATION				
15a INDIANA	15b LAKE	15c Gary				
STREET AND NUMBER				IS RESIDENCE ON A FARM?	INSIDE CITY LIMITS (Specify Yes or No)	
15d 736 Hayes Street				15p YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	15f Yes	
IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC.						
15g YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>						
FATHER—NAME		FIRST	MIDDLE	LAST	MOTHER—MAIDEN NAME	
16 Conrad				Minor, Sr.	17 Nancy Bennett	
INFORMANT—NAME (Type or print)		RELATIONSHIP		MAILING ADDRESS (Street or R.F.D. No.)		CITY OR TOWN STATE ZIP
18a Mattie Minor,		Wife		18b 736 Hayes Street		Gary IN 46404
BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—FUNERAL HOME		LOCATION	CITY OR TOWN	STATE
19a Burial		19b Evergreen Memorial Park		19c 39th Sandusky, Hobart, IN		
DATE (Month Day Year)		FUNERAL HOME—NAME AND ADDRESS			(Street or R.F.D. No., City or Town, State, ZIP)	
20a February 13, 1985		20b Kaufman Funeral Home, 421 W. 5th Ave., Gary, IN 46402				
To the best of my knowledge and belief at the time, date and place and as to the cause of death (as stated)			DATE SIGNED (Mo. Day Yr.)	HOUR OF DEATH		
21a <i>[Signature]</i>			21b 2/13/85	21c 8 37 A M		
NAME OF ATTENDING PHYSICIAN (Type or print)						
21d						
MAILING ADDRESS—PHYSICIAN						
21e						
HEALTH OFFICER'S SIGNATURE				DATE RECEIVED BY LOCAL HEALTH OFFICER		
22a <i>[Signature]</i>				22b FEB 13 1985		
23 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER PART FOR III AND III)						
PART I (a) <i>Cardiac Arrest</i>						
DUE TO OR AS A CONSEQUENCE OF						
(b) <i>Pneumonia; Sepsis</i>						
DUE TO OR AS A CONSEQUENCE OF						
(c) <i>Dementia</i>						
PART II OTHER SIGNIFICANT CONDITIONS—Comments contributing to death but not related to cause given in PART I (a)						
24						

**FILED**  
FEB 13 1985  
STATE OF INDIANA  
COUNTY OF LAKE

RECEIVED  
AUG 8 10 11 AM '85  
STATE OF INDIANA  
COUNTY OF LAKE

*400*

7604 18



*Amela...*  
HEALTH COMMISSION  
DEPT. OF HEALTH  
INDIANA  
MAR 29 1985