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OCT 8 - 1985

Wack Park Sub. 4.23.80
all 8.24 Bl. 1
Key # 47-202-23

Disposition Permit
Issued / /
Provisional
Certificate
 Yes No

EMBALMER'S NAME: Ede Warner

FUNERAL DIRECTOR'S SIGNATURE: Ede Warner

LICENSE No. 4260

FUNERAL DIRECTOR: AUDITOR LAKE COUNTY FUNERAL HOME
LICENSE No. 1984

4260

No. 248

823556

80-0315

Local No.

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

State No.

DECEASED—NAME 1. FIRST MIDDLE LAST AUDREY ALMA DIXON			SEX 2. FEMALE	DATE OF DEATH (MONTH, DAY, YEAR) 3. APRIL 17, 1980
RACE—(e.g. White, Black, American Indian, etc.) (Specify) 4. AMER. BLK.	AGE—Last Birthday (Yrs) 5p. 59	UNDER 1 YEAR 5b. 4	UNDER 1 DAY 5c. HOURS MINS.	DATE OF BIRTH (Mo., Day, Yr) 6. 25 MAY 1920
CITY, TOWN OR LOCATION OF DEATH 7b. GARY		HOSPITAL OR OTHER INSTITUTION—(Name if not in index, give street and number) 7c. GARY METHODIST HOSPITAL		IF HOSP. OR INST. Indicate DOA, Or/Inst. No., Institution (Specify) 7d. INPATIENT
STATE OF BIRTH (If not in U.S.A., name country) 8. ARKANSAS	CITIZEN OF WHAT COUNTRY 9. U.S.A.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 10. MARRIED	SURVIVING SPOUSE (If wife, give maiden name) 11. JOHNNIE DIXON	WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No) 12. NO
SOCIAL SECURITY NUMBER 13. 429-22-2173		USUAL OCCUPATION (Give kind of work done during most of working life, even if seasonal) 14a. HOUSEWIFE	KIND OF BUSINESS OR INDUSTRY 14b. HOMEMAKER	
RESIDENCE—STATE 15a. INDIANA	COUNTY 15b. LAKE	CITY, TOWN OR LOCATION 15c. GARY		
STREET AND NUMBER 15d. 1400 WEST 24th AVENUE			IS RESIDENCE ON A FARM? 15e. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	INSIDE CITY LIMITS (SPECIFY YES OR NO) 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 16. HORACE PAIGE		MOTHER—MAIDEN NAME FIRST MIDDLE LAST 17. WILLIS PAIGE		
INFORMANT—NAME (Type or print) 18a. JOHNNIE DIXON		MAILING ADDRESS STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP 18b. 2400 WEST 24th AVENUE GARY INDIANA 46407		
DISPOSITION 19a. BURIAL		CEMETERY OR CREMATORY—FUNERAL HOME 19b. Evergreen		LOCATION CITY OR TOWN STATE 19c. Hobart, IN
DATE (MONTH, DAY, YEAR) 20a. April 24, 1980		FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE) 20b. SMITH BIZZELL & WARNER, INC. 2295 WASH. ST. GARY, IND. 46407		
To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. 21a. (Signature) <i>[Signature]</i>			DATE SIGNED (Mo., Day, Yr) 21b.	HOUR OF DEATH 21c. 2:35 PM
M.D. OR D.O. 21d. DR. K. Desia, M.D.		MAILING ADDRESS—PHYSICIAN 21e. 3290 Grant St. Gary, In. 46408		
HEALTH OFFICER'S SIGNATURE 22a. <i>[Signature]</i>			DATE RECEIVED BY LOCAL HEALTH OFFICER APR 21 1980	
23. (a) CAUSE OF DEATH (When the cause is per se, give (a) and (b)) Carcinoma of Vulva.				
PART I (a) DUE TO, OR AS A CONSEQUENCE OF			Interval between onset and death	
PART I (b) DUE TO, OR AS A CONSEQUENCE OF			Interval between onset and death	
PART I (c) DUE TO, OR AS A CONSEQUENCE OF			Interval between onset and death	
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)			AUTOPSY (Specify Yes or No) 24.	

430

400

01234

IDENTIFIED COPY

HEALTH COMMISSIONER
CITY OF GARY, IND.

DATE OCT 8 1985