824719

Alfred Johnson
1342 Ellsworth Pl
Gary 46404

781

Local No. 75-0282

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

State No.

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

Below for State Office Use

A
B
C
D
E
F
G
H
I
J
1
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Shepherd & Kurtz
Rt 36 Fairfield
H 47-4036

LICENSE No. 1235

FUNERAL HOME No. 255

FUNERAL DIRECTOR'S LICENSE No. 657

EMBALMER'S NAME Andrew Smith

FUNERAL DIRECTOR'S SIGNATURE Andrew Smith

Disposition Permit Issued

Provisional Certificate ☐ Yes ☐ No

PERMANENT INK SEE HANDBOOK FOR INSTRUCTIONS

DECEASED

1. DECEASED—NAME (FIRST, MIDDLE, LAST): William Joseph Morgan
2. SEX: M
3. DATE OF DEATH (MONTH, DAY, YEAR): 3-5-75
4. RACE: B
5a. AGE—LAST BIRTHDAY (YEARS): 68
5b. UNDER 1 YEAR MOS. DAYS
5c. UNDER 1 DAY HOURS MIN.
6. DATE OF BIRTH (MONTH, DAY, YEAR): 10-7-06
7a. COUNTY OF DEATH: LAKE
7b. CITY, TOWN, OR LOCATION OF DEATH: GARY
7c. INSIDE CITY LIMITS (SPECIFY YES OR NO): YES
7d. HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER): GARY ST MARY MERCY MEDICAL CENTER
8. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY): OAKLAHOMA
9. CITIZEN OF WHAT COUNTRY: U.S.
10. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
11. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME): MARGARET GARDNER
12. SOCIAL SECURITY NUMBER
13a. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)
13b. KIND OF BUSINESS OR INDUSTRY
14a. RESIDENCE—STATE: IND
14b. COUNTY: LAKE
14c. CITY, TOWN OR LOCATION: GARY
14d. INSIDE CITY LIMITS (SPECIFY YES OR NO): YES
14e. TOWN: CALUMET
14f. STREET AND NUMBER: 1745 MARSHALL
14g. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
14h. IS RESIDENCE ON A FARM? YES ☐ NO ☒

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

PARENTS

15. FATHER—NAME (FIRST, MIDDLE, LAST): William Joseph Morgan
16. MOTHER—MAIDEN NAME (FIRST, MIDDLE, LAST)
17a. INFORMANT—NAME: Margaret Morgan
17b. RELATIONSHIP: WIFE
17c. MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): 1745 Marshall Gary Ind 46407

CAUSE

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): Malignancy of Prostate
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (A), STATING THE UNDERLYING CAUSE LAST.
DUE TO, OR AS A CONSEQUENCE OF: (b) with metastases — 2 yrs
DUE TO, OR AS A CONSEQUENCE OF: (c)

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

AUTOPSY YES ☐ NO ☐ 19a.

IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH? 19b. YES ☐ NO ☐

RUDOLPH RECORDER 17 14 30 PM

20. DATE & TIME OF DEATH (MONTH, DAY, YEAR, HOUR) M
21a. DATE SIGNED (MONTH, DAY, YEAR)

M. D. OR D. O.

22a. PHYSICIAN'S NAME (TYPE OR PRINT) LAST IN ATTENDANCE: Edwin G. Moore, M.D.
22b. SIGNATURE OF PHYSICIAN: Edwin G. Moore M.D.
PHY. CODE NO.
23. MAILING ADDRESS—PHYSICIAN: 26 EAST 15th AVENUE (STREET OR R.F.D. NO.), CITY OR TOWN: GARY, STATE: Indiana, ZIP: 46407

DISPOSITION

24a. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
24b. CEMETERY, CREMATORY, FUNERAL HOME: Gregory Park
24c. LOCATION: Hobart, CITY OR TOWN: Indiana, STATE:
24d. DATE (MONTH, DAY, YEAR): 3-10-75
25a. FUNERAL HOME NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): Andrew Smith 2 East 21st Gary Ind 46407
25b. HEALTH OFFICER—SIGNATURE: [signature] M.D.
DATE RECEIVED BY LOCAL HEALTH OFFICER: MAR 12 1975

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