

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
K
L
1
2
3
4
5
6
7
8
9
10
11
12

825012

Local No. 82-0701

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

State No. 3988
DRUMMOND ST
EAST CHICAGO, IN 46312

TYPE OR PRINT
IN
PERMANENT
INK
FOR
INSTRUCTIONS
SEE
HANDBOOK

FUNERAL HOME
770

AUDITOR LAKE COUNTY
FUNERAL DIRECTOR'S
LICENSE No. 659

EMBALMERS NAME
Roosevelt Allen
FUNERAL DIRECTOR'S
SIGNATURE

DECEASED

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

PARENTS

DISPOSITION

M.D.
OR
D.O.

CONDITIONS
WHICH GAVE
RISE TO
IMMEDIATE
CAUSE
STATING THE
IMMEDIATE
CAUSE LAST

CAUSE

1. DECEASED—NAME FIRST MIDDLE LAST EARL TRUSSLING			SEX MALE	DATE OF DEATH (MONTH, DAY, YEAR) Sept. 25, 1982	
2. RACE—(a) White, Black, American Indian, etc. (Specify)	3. AGE—(Last Birthday) (Yr.)	4. UNDER 1 YEAR MOS. DAYS	5. UNDER 1 DAY HOURS MINS.	6. DATE OF BIRTH (Mo., Day, Yr.)	7. COUNTY OF DEATH
4. Blk.	5a. 79	5b.	5c.	6. 6-12-1903	7a. Lake
8. CITY, TOWN OR LOCATION OF DEATH Gary			9. HOSPITAL OR OTHER INSTITUTION—(Name if not in other box street and number) Methodist Hosp. Northlake		10. IF HCSP OR INST. indicate DDA DP (Date Rec. Inpatient) (Specify) Inp.
11. STATE OF BIRTH (If not in U.S. name country)	12. CITIZEN OF WHAT COUNTRY	13. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	14. SURVIVING SPOUSE (If wife, give maiden name)		15. WAS DECIDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No)
11. Alabama	12. U.S.A.	13. Married	14. Sallie Davis		15. No
16. SOCIAL SECURITY NUMBER 420-14-7757			17. USUAL OCCUPATION (Give kind of work done during most of working life even if related)		18. KIND OF BUSINESS OR INDUSTRY
13. 420-14-7757			14a. Retired		14b. Blaw Knox
19. RESIDENCE—STATE	20. COUNTY	21. CITY, TOWN OR LOCATION		22. IS RESIDENCE ON A FARM?	
19a. Indiana	20. Lake	21. Gary		22. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
23. STREET AND NUMBER 2430 Noble St.			24. INSIDE OF PREMISES (SPECIFY ROOM NO.)		
25. IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC.			26. RECORD ORDER		
25. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			26. RECORD ORDER		
27. FATHER—NAME FIRST MIDDLE LAST Robert Trustring			28. MOTHER—MAIDEN NAME FIRST MIDDLE LAST Winnie Ivery		
29. INFORMANT—NAME (Type or print) RELATIONSHIP		30. MAILING ADDRESS STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP			
29a. Sallie Trustring		30. 2430 Noble St. Gary In. 46406			
31. BURIAL, CREMATION, REMOVAL, OTHER (Specify)		32. CEMETERY OR CREMATORY—FUNERAL HOME		33. LOCATION CITY OR TOWN STATE	
31. Burial		32. Evergreen Cemetery		33. Hobart, Indiana	
34. DATE (MONTH, DAY, YEAR)		35. FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)			
34. 9/29/82		35. Guy & Allen Fun. Dir. 2959 W. 11th Ave. Gary, In. 46404			
36. To the best of my knowledge, death occurred at the time, date and place and due to the causes stated			37. DATE SIGNED (Mo., Day, Yr.)		38. HOUR OF DEATH
36. (Signature) <i>Elon DeBois</i>			37. 10/16/82		38. 7:17 A.M.
39. NAME OF ATTENDING PHYSICIAN (Type or Print)					
39. ELON DEBOIS					
40. MAILING ADDRESS—PHYSICIAN					
40. P.O. BOX 4087 GARY, INDIANA 46404					
41. HEALTH OFFICER—SIGNATURE				42. DATE RECEIVED BY LOCAL HEALTH OFFICER	
41. <i>R. N. Caldwell, M.D.</i>				42. OCT 26 1982	
43. IMMEDIATE CAUSE—(ENTER ONLY ONE CAUSE PER LINE FOR (a) (b) AND (c))					
43. (a) Cardiac failure - arteriosclerotic cardiovascular disease					
43. (b) and carcinoma of colon c metastases					
43. (c)					
44. OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)					45. AUTOPSY (Specify Yes or No)
44. acute urinary obstruction - urethral strictures					45. No

852015

10/1/85
10/1/85

IDENTIFIED COPY
HEALTH COMMISSIONER
CITY OF GARY, IND.

DATE OCT 3 1985