

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

Below for State Office Use

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THIS CERTIFICATE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPT.

Disposition Permit Issued / /

Provisional Certificate
 Yes No

836426 INDIANA STATE BOARD OF HEALTH
DIVISION OF VITAL RECORDS
MEDICAL CERTIFICATE OF DEATH

Local No. 129-70 State No. _____

PERMANENT INK SEE HANDBOOK FOR INSTRUCTIONS

DECEASED—NAME FIRST MIDDLE LAST SEX DATE OF DEATH (MONTH, DAY, YEAR)

1. MABEL A POWELL FEMALE 3. 3-12-1970

RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY) 4. WHITE AGE—LAST BIRTHDAY (YEARS) 5a. 47 UNDER 1 YEAR MOS. 5b. UNDER 1 DAY HOURS MIN. 5c. DATE OF BIRTH (MONTH, DAY, YEAR) 6. OCT 23-1922 COUNTY OF DEATH 7. LAKE

CITY, TOWN, OR LOCATION OF DEATH 7a. DYER INSIDE CITY LIMITS (SPECIFY YES OR NO) 7b. YES HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 7d. OUR LADY OF MERCY

DECEASED 7e. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) 8. ILLINOIS CITIZEN OF WHAT COUNTRY 9. USA MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 10. MARRIED SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) 11. JOHNIE POWELL

USUAL RESIDENCE WHERE DECEASED LIVED IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 12. ILLINOIS SOCIAL SECURITY NUMBER 13a. 328-22-5390 USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) 13b. DIETARY AID KIND OF BUSINESS OR INDUSTRY 13c. HOSPITAL

RESIDENCE—STATE COUNTY CITY, TOWN OR LOCATION INSIDE CITY LIMITS (SPECIFY YES OR NO) TOWNSHIP 14a. IND 14b. LAKE 14c. DYER 14d. YES 14e. ST JOHN

14f. 521 BELDEN DR 14g. IS RESIDENCE ON A FARM? YES NO

FATHER—NAME FIRST MIDDLE LAST MOTHER—MAIDEN NAME FIRST MIDDLE LAST PARENTS 15. TROY MURPHY 16. CASELA PARKS

INFORMANT—NAME RELATIONSHIP MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 17a. JOHNIE POWELL 17b. HUSBAND 521 BELDEN DR DYER IND 46311

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) Cancer metastasizing to lymph nodes & Draining Blood (b) Adeno Ca of Cervix & adjoining uterus (c) *1 1/2 years*

CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE AND STAYING IN UNDERLYING CAUSE LAST CAUSE 19. *FILIIOS*

PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE AUTOPSY (YES OR NO) 19a. NO 19b. IF YES, WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH?

AUDITOR AND COUNTY DEATH OCCURRED (HOUR) 20a. 9:55 P. M. THE DECEDENT WAS PRONOUNCED DEAD MONTH DAY YEAR HOUR 20b. March 12, 1970 9:55 P. M. DATE SIGNED (MONTH, DAY, YEAR) 20c. March 12, 1970

CERTIFIER—NAME (TYPE OR PRINT) SIGNATURE (DEGREE OR TITLE) 22a. A. R. Flournoy, M.D.

MAILING ADDRESS—CERTIFIER STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP 22b. 2805 Highway Ave Highland Indiana 46322

BURIAL (CREMATION, REMOVAL) (SPECIFY) 24a. BURIAL CEMETERY, CREMATORY, FUNERAL HOME LOCATION CITY OR TOWN STATE FUNERAL HOME NUMBER 24b. MEMORY LAKE CEMETERY CROWN POINT IND 150

DATE (MONTH, DAY, YEAR) FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 24c. 3-16-1970 FAGEN FUNERAL GARDENS 1920 HART ST DYER IND 46311

FUNERAL DIRECTOR—SIGNATURE HEALTH OFFICER—SIGNATURE DATE RECEIVED BY LOCAL HEALTH OFFICER 25a. N W Fagan 25b. J. F. [Signature] 25c. MARCH 13, 1970

ROBERT L. MILLER
JAN O EMBALLER'S NAME
LICENSE No. 1186
FUNERAL DIRECTOR'S LICENSE No. 851

Key 14-104-39

Suburban Terrace Add
to Dyer

Carroll Johnson, M.D.

RUSSELL PH
RECORD
JAN 11 1974

480 4/10/74