

843091

ROBERT OATES  
116 CHAPEL SQUARE - N  
7863 Bdwy  
MERULIN 46410

INDIANA STATE BOARD OF HEALTH  
MEDICAL CERTIFICATE OF DEATH

Local No. **SO 1056**

State No. **46410**

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

**FILED**  
FEB 23 1986

May 24 1986 - 5 147 to 27  
Part of 27  
Andrew Greenback

Disposition Permit Issued / /  
Provisional Certificate  
 Yes  No

FUNERAL HOME **219**  
FUNERAL DIRECTOR'S SIGNATURE  
LICENSE No. **627**  
EMBALMER'S NAME **Russel Ennols**  
FUNERAL HOME **MONROE LAKE COUNTY**  
FUNERAL DIRECTOR'S SIGNATURE

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.

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE - STATING THE UNDERLYING CAUSE LAST

CAUSE

1. <b>Tencie Walker</b>			SEX <b>Female</b>		DATE OF DEATH (MONTH, DAY, YEAR) <b>12-28-80</b>	
RACE—(a) White, (b) Black, (c) American Indian, etc. (Specify)		AGE—Last B-day (Y/M)	UNDER 1 YEAR MO'S    DAYS		DATE OF BIRTH—(Mo., Day, Yr.)	
4. <b>Black</b>		5a. <b>72</b>	5b.	5c.	6. <b>8-18-1908</b>	
CITY, TOWN OR LOCATION OF DEATH 7b. <b>Gary</b>			HOSPITAL OR OTHER INSTITUTION—(Name full on either, give street and number) 7c. <b>Mercy Hospital</b>			IF HOSP. OR INST. Indicate DOA, CP (Specify), etc. (Specify)
STATE OF BIRTH (If not in U.S.A. name Country)		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		12. <b>no</b>
8. <b>Ala.</b>		9. <b>USA</b>		10. <b>married</b>		11. <b>A. B. Walker</b>
SOCIAL SECURITY NUMBER 13. <b>315-28-7245</b>			USUAL OCCUPATION (Give level of work done during most of working life, even if retired)		KIND OF BUSINESS OR INDUSTRY	
14a. <b>Homemaker</b>			14b.		14c.	
RESIDENCE—STATE		COUNTY		CITY, TOWN OR LOCATION		
16a. <b>Ind</b>		15b. <b>Lake</b>		15c. <b>Gary</b>		
STREET AND NUMBER				IS RESIDENCE ON A FARM?		INSIDE CITY LIMITS
15d. <b>2067 Monroe St.</b>				15e. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		15f. <b>yes</b>
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 FIRST MIDDLE			
16. <b>Sim Harris (D)</b>			17. <b>Alice Harris (D)</b>			
INFORMANT—NAME (Type or print)			MAILING ADDRESS STREET OR R.F.D. NO. CITY OR TOWN STATE			
18a. <b>A.B. Walker</b>			18b. <b>2067 Monroe St. Gary, Ind.</b>			
BURIAL, CREMATION, REMOVAL OTHER (Specify)			CEMETERY OR CREMATORY—FUNERAL HOME		LOCATION CITY OR TOWN	
19a. <b>Burial</b>			19b. <b>Evergreen Cemetery</b>		19c. <b>Hobart, Ind.</b>	
DATE (MONTH, DAY, YEAR)			FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO. CITY OR TOWN, STATE, ZIP)			
20a. <b>1-3-81</b>			20b. <b>Towns Funeral Home, 1900 W. 15th Ave., Gary</b>			
To the best of my knowledge, death occurred at the time and place and due to the cause(s) stated			DATE SIGNED (Mo., Day, Yr.)		HOUR OF DEATH	
21a. (Signature) <i>[Signature]</i>			21b.		21c.	
NAME OF ATTENDING PHYSICIAN (Type or Print)						
21d. MAILING ADDRESS—PHYSICIAN						
21e.						
HEALTH OFFICER—SIGNATURE				DATE RECEIVED BY LOCAL HEALTH OFFICER		
22a. <i>[Signature]</i>				22b. <b>JAN 7 1981</b>		
23. IMMEDIATE CAUSE (Specify cause per line, if plural and in order)						
PART I (a) <b>Acute cardio respiratory arrest</b>						
(b) DUE TO, OR AS A CONSEQUENCE OF <b>Cardiac arrhythmia</b>						
(c) DUE TO, OR AS A CONSEQUENCE OF <b>Arteriosclerotic Heart Disease</b>						
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (1)						AUTOPSY (Specify Yes or No)
						24

1132


STATE OF INDIANA  
FEB 29 9 21 AM '86  
RUBEN PHOENIX  
REORDER

*[Signature]*

4-58

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 HEALTH COMMISSIONER  
 CITY OF GARY, IND.  
 DATE FEB 26 1985