

57 Free VA

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FILED
MAR 11 1985

EMBALMER'S NAME Sherman G. Banks III
 FUNERAL DIRECTOR'S SIGNATURE *Sherman G. Banks III*
 LICENSE No. 1625
 FUNERAL HOME LICENSE No. 1625

Local No. 845597
85-0624

INDIANA STATE BOARD OF HEALTH MEDICAL CERTIFICATE OF DEATH

William S. Allen
 437 Conn. St.
 Gary, Ind. 46402
 State No. _____

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

DECEASED—NAME 1 Percy L. Givens			SEX Male	DATE OF DEATH (MONTH DAY YEAR) 3 October 9, 1985	
RACE—(a) Amer. Blk.	AGE—Last Birthday 5a 79	UNDER 1 YEAR 5b	UNDER 1 DAY 5c	DATE OF BIRTH—(Mo. Day Yr.) 6 15 Jan. 1906	COUNTY OF DEATH 7a Lake
CITY, TOWN OR LOCATION OF DEATH 7b Gary		HOSPITAL OR OTHER INSTITUTION—(Name, if not in other, give street and number.) 7c Gary Methodist Hospital Northlake Campus		IF HOSP OR INST. (Specify DOA, OP, Emer. Rm., Inpatient, Special, etc.) 7d Inpatient	
STATE OF BIRTH (if not in U.S.A. state it please) 8 Mississippi	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 Mae Jackson		WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No) 12 Yes
SOCIAL SECURITY NUMBER 13 317-09-7688		USUAL OCCUPATION (Give time or part done during most of working life, even if retired) 14a Retired Steelworker		KIND OF BUSINESS OR INDUSTRY 14b U.S. Steel Gary Works	
RESIDENCE—STATE 15a Indiana	COUNTY 15b Lake	CITY, TOWN OR LOCATION 15c Gary			
STREET AND NUMBER 15d 2572 VanBuren Street			IS RESIDENCE ON A FARM? 15e NO	INSIDE CITY LIMITS (SPECIFY YES OR NO) 15f Yes	
IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN CUBAN PUERTO RICAN, ETC. 15g NO					
FATHER—NAME 16 John Givens		MOTHER—MAIDEN NAME 17 Annie Jones			
INFORMANT—NAME (Type or print) RELATIONSHIP 18a Johnnie Givens (Wife)		MAILING ADDRESS 18b 2572 VanBuren Street Gary Indiana 46407			
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a Burial		CEMETERY OR CREMATORY—FUNERAL HOME 19b Chapel Lawn Cemetery		LOCATION 19c Schererville Indiana	
DATE (MONTH DAY YEAR) 20a October 14, 1985		FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN STATE ZIP) 20b Smith Bizzell & Warner, Inc., 2295 Wash. St., Gary, Ind. 46407			
To the best of my knowledge, I believe I certify with true date and place and due to the causes stated. 21a (Signature) <i>[Signature]</i>		DATE SIGNED (Mo. Day Yr.) 21b October 9, 1985			
NAME OF ATTENDING PHYSICIAN (Type or Print) 21d Dr. Shreyas Desai, M.D.					
MAILING ADDRESS—PHYSICIAN 21e 3290 Grant Street Gary Indiana 46408					
HEALTH OFFICER—SIGNATURE 22a <i>[Signature]</i>			DATE RECEIVED BY LOCAL HEALTH OFFICER 22b OCT 15 1985		
23 IMMEDIATE CAUSE (ENTER ONLY ONE TERM PER LINE FOR (a) IN AND (b)) PART I Nonbacterial meningitis					
DUE TO OR AS A CONSEQUENCE OF					
(b) _____					
DUE TO OR AS A CONSEQUENCE OF					
(c) _____					
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (1a)					
AUTOPSY (Specify Yes or No) 24 _____					

5150

All of Lot 82, and the North half of Lot 81, in Block 2, in Douglas Park Addition to the City of Gary, as per plat thereof, recorded in Plat Book 8, page 2, in the office of the Recorder of Lake County, Indiana.

Key No. 42-205-38

BERNARD COFFEE

HEALTH COMMISSIONER
CITY OF GARY, IND.

DATE OCT 15 1985

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INDEXED
OCT 15 1985