

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

Below for State Office Use

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FILED

MAR 23 1986

EMBALMER'S NAME
ANDREW SMITH

FUNERAL DIRECTOR'S
SIGNATURE

FUNERAL HOME
LICENSE NO. 255

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

CAUSE

M.D.
OR
D.O.

DISPOSITION

PARENTS

DECEASED

TYPE
OR PRINT
IN
PERMANENT
INK
FOR
INSTRUCTIONS
SEE
HANDBOOK

Local No.

846283

86-0140

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

Jackie L. Chropshire
2009 Broadway
Gary 46408

State
No.

952

DECEASED—NAME FIRST MIDDLE LAST 1. FRED D. BROWN		SEX 2. MALE	DATE OF DEATH (MONTH, DAY, YEAR) 3. FEBRUARY 22, 1986
RACE—(e.g. White, Black, American Indian, etc.) (Specify) 4. BLACK	AGE—Last Birthday (Yrs.) 5a. 76	UNDER 1 YEAR 5b. MOS DAYS 5c. HOURS MINS	DATE OF BIRTH (Mo. Day, Yr.) 6. 6-7-09
CITY, TOWN OR LOCATION OF DEATH 7b. GARY		HOSPITAL OR OTHER INSTITUTION—(Name (If not on other, give street and number)) 7c. GARY METHODIST	IF HOSP OR INST Indicate DGA, CP, (Emer. Rm., Inpatient) (Specify) 7d. INP.
STATE OF BIRTH (If not in U.S.A. name country) 8. MISSISSIPPI	CITIZEN OF WHAT COUNTRY 9. US	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 10. MARRIED	SURVIVING SPOUSE (If wife, give maiden name) 11. DOVIE MACKINS
SOCIAL SECURITY NUMBER 13. 364-18-0777	RESIDENCE—STATE 15a. INDIANA	USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 14a. RETIRED	KIND OF BUSINESS OR INDUSTRY 14b. ROCKWELL
RESIDENCE—COUNTY 15b. LAKE	CITY, TOWN OR LOCATION 15c. GARY	STREET AND NUMBER 15d. 2344 VERMONT STREET	IS RESIDENCE ON A FARM? 15e. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
INSIDE CITY LIMITS (Specify YES or NO) 15f. YES			
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 16. WILL BROWN		MOTHER—MAIDEN NAME FIRST MIDDLE LAST 17. ROSIE ELLIS	
INFORMANT—NAME (Type or print) RELATIONSHIP 18a. DOVIE BROWN—WIFE	MAILING ADDRESS STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP 18b. 2344 VERMONT STREET GARY, INDIANA 46407		
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a. BURIAL	CEMETERY OR CREMATORY—FUNERAL HOME 19b. EVERGREEN PARK	LOCATION CITY OR TOWN STATE ZIP 19c. HOBART, INDIANA 46407	
DATE (MONTH, DAY, YEAR) 20a. FEBRUARY 27, 1986	FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE) 20b. ANDREW SMITH F.H. 934 E. 21ST. AVENUE GARY, INDIANA		
To the best of my knowledge, death occurred at the same place as stated (Specify if not) 21a. (Signature)		DATE SIGNED (Mo., Day, Yr.) 21b.	HOUR OF DEATH 21c. 2:45 PM '86
NAME OF ATTENDING PHYSICIAN (Type or Print) 21d.			
MAILING ADDRESS—PHYSICIAN 21e.			
HEALTH OFFICER—SIGNATURE 22a.		TIME RECEIVED BY LOCAL HEALTH OFFICER 22b. FEB 28 1986	
23. IMMEDIATE CAUSE (ONLY ONE CAUSE PERTAINING TO (I) AND (II))			
PART I (a) DUE TO, OR AS A CONSEQUENCE OF CARDIAC ARREST SUPERIOR VENA CAVA SYNDROME			Interval between onset and death 3 MIN
(b) DUE TO OR AS A CONSEQUENCE OF CARCINOMA BRONCHUS			Interval between onset and death WEEKS
(c)			Interval between onset and death MONTHS
PART II OTHER SIGNIFICANT CONDITIONS—(Conditions contributing to death but not related to cause given in PART I (a))			AUTOPSY (Specify Yes or No) 24.

400

82518

APR 19 1986

James T. ...
HEALTH COMMISSIONER
CITY OF GARY, IND.
DATE FEB 28 1986