

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

Below for State Office Use

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Disposition Permit
Issued / /
Provisional
Certificate
 Yes No

857127

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

State No. 144

Local No. 392

FUNERAL HOME No. 153
FUNERAL DIRECTOR'S LICENSE No. 2037
EMBALMER'S NAME E. Eugene Johnson
FUNERAL DIRECTOR'S SIGNATURE *E. Eugene Johnson*

LICENSE No. 4496
ADJUTOR LAKE COUNTY

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.

CAUSE

DECEASED - NAME FIRST MIDDLE LAST Ferol F. Fish Sr.			SEX Male	DATE OF DEATH (MONTH DAY YEAR) August 21, 1980	
RACE White	AGE - Last Birthday 80	UNDER 1 YEAR MUS DABS	UPPER 1 DAY HEARDS KIMS	DATE OF BIRTH (Mo. Day Yr.) 6-2-19-1900	COUNTY OF DEATH Lake
CITY, TOWN OR LOCATION OF DEATH East Chicago			HOSPITAL OR OTHER INSTITUTION - (Not a field in other give street and number) 2113 Franklin St.		IF HOSP. OR INST. Indicate DOA OP/Enar. Re. (See 101) (5pts/yr) 7d No
STATE OF BIRTH Minnesota	CITIZEN OF WHAT COUNTRY USA	MARRIED (M, U, W, D) Married	SURVIVING SPOUSE (if wife give maiden name) Edna Arms		WAS DECEDENT EVER IN U.S. ARMED FORCES? Yes 12 W.W. 1&2 Korean Conflict
SOCIAL SECURITY NUMBER 306-03-6977		USUAL OCCUPATION (If more than one during most of working life, event of retirement) Retired		KIND OF BUSINESS OR INDUSTRY Inland Steel Co.	
RESIDENCE - STATE Indiana	COUNTY Lake	CITY, TOWN OR LOCATION East Chicago			
STREET AND NUMBER 2113 Franklin St.			IS RESIDENCE ON A FARM? 15n YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> KX		
IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. 15g YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> X					
FATHER - NAME Fred Fish		MOTHER - MAIDEN NAME Cora		RECORDED JUN 25 AM 9:25 AM FILED STATE OF INDIANA CLERK OF SUPERIOR COURT LAKE COUNTY REC'D	
INFORMANT - NAME (Type or print) Mrs. Edna Fish		MAILING ADDRESS STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP 2113 Franklin St., East Chicago, Indiana 46312			
BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		CEMETERY OR CREMATORY - FUNERAL HOME Ridgelawn Cemetery		LOCATION CITY OR TOWN STATE Gary, Indiana	
DATE (MONTH, DAY YEAR) August 23, 1980		FUNERAL HOME (NAME AND ADDRESS) (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) Huber's Funeral Home, East Chicago, Indiana 46312			
To the best of my knowledge and belief, I certify that the facts stated herein are true and correct to the best of my knowledge and belief. 21a. (Signature) <i>Dr. A. Teggarden</i>		DATE SIGNED (Mo., Day, Yr.) 8/22/80		HOUR OF DEATH 9:45 a.m.	
NAME OF ATTENDING PHYSICIAN (Type or Print) JOSEPH A. TEGGARDEN M.D.					
MAILING ADDRESS - PHYSICIAN 21b. 1919 E. Columbus Dr East Chicago Ind					
HEALTH OFFICER - SIGNATURE <i>E. A. Campagnano</i>				DATE RECEIVED BY LOCAL HEALTH OFFICER 8-22-80	
IMMEDIATE CAUSE (STATE ONLY) (CAUSE PER LINE FOR (a), (b) AND (c)) PART I (a) GENERALIZED ARTERIOSCLEROSIS YEARS DUE TO OR AS A CONSEQUENCE OF (b) CORONARY AND CEREBRAL ARTERIOSCLEROSIS YEARS DUE TO OR AS A CONSEQUENCE OF (c)					
OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death, but not related to cause given on PART I (a) PART II CA Coron				AUTOPSY (Is, only, Yes or No) 24 No	

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