861709

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

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

Below for State Office Use

Local No. 369-81

State No. 66

Assoc. Fune
PO Box 683
Gary Ind 46325

Field	Entry
1. Deceased—Name (First, Middle, Last)	ARALENE A SPENCER
2. Sex	F
3. Date of Death (Month Day Year)	2-27-81
4. Race	13
5a. Age—Last Birthday (Yrs)	52
5b. Under 1 Year (Mos, Days)	
5c. Under 1 Day (Hours, Mins)	
6. Date of Birth (Mo. Day Yr)	9-30-28
7a. County of Death	LAKE
7b. City, Town or Location of Death	MERRILLVILLE
7c. Hospital or Other Institution	BROADWAY METHODIST
7d. If Hosp. or Inst. Indicate DOA, OP/Emer. Rm., Inpt.	INP.
8. State of Birth	FLORIDA
9. Citizen of What Country	US
10. Married, Never Married, Widowed, Divorced	MARRIED
11. Surviving Spouse	ELBERT SPENCER
12. Was Decedent Ever in U.S. Armed Forces?	NO
13. Social Security Number	264-34-8043
14a. Usual Occupation	HOUSEWIFE
14b. Kind of Business or Industry	
15a. Residence—State	IND
15b. County	LAKE
15c. City, Town or Location	GARY
15d. Street and Number	4013 POLK
15e. Is Residence on a Farm?	No ☒
15f. Inside City Limits	YES
15g. Is Deceased of Spanish Descent?	No ☒
16. Father—Name	AUSTIN ODDISON
17. Mother—Maiden Name	HATTIE LOCKLIN
18a. Informant—Name / Relationship	ELBERT SPENCER
18b. Mailing Address	4013 POLK. GARY IND 46407
19a. Burial, Cremation, Removal, Other	BURIAL
19b. Cemetery or Crematory—Funeral Home	LOCAL
19c. Location (City or Town, State)	Quitman Georgia
20a. Date (Month, Day, Year)	3-4-81
20b. Funeral Home—Name and Address	Andrew Smith 934 E 21st Gary
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature)	[signature] MD
21b. Date Signed (Mo. Day Yr)	3/3/81
21c. Hour of Death	— M
21d. Name of Attending Physician	
21e. Mailing Address—Physician	
22a. Health Officer—Signature	Peter Georgy M.D.
22b. Date Received by Local Health Officer	3-6-81
23. Part I (a) Immediate Cause	Metastatic carcinoma breast
(b) Due to, or as a consequence of	
(c) Due to or as a consequence of	
Part II Other Significant Conditions	
24. Autopsy	

Conditions if any which gave rise to immediate cause stating the underlying cause last

Embalmer's Name / License No. / Funeral Director's License No. / Funeral Director's Signature: Andrew Smith

FILED JUL 1 1986 AUDITOR LAKE COUNTY

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

LAKE COUNTY HEALTH COMMISSIONER

MAR 6 1981

RECORDER

12 43 PM '81

L44445 B7 Sanford Tubbs 2nd Add
K25 47-9-46