

TYPE OR PRINT
PLAINLY WITH
UNFADING INK

THIS IS A
PERMANENT
RECORD

Below for State Office Use

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Local No. 77-0676

PERMANENT INK DECEASED—NAME FIRST MIDDLE LAST SEX DATE OF DEATH (MONTH, DAY, YEAR)

1. Marcella Momon 2. Female 3. Aug. 2, 1977

RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY) 4. Negro AGE—LAST BIRTHDAY (YEARS) 5a. 30 UNDER 1 YEAR 5b. UNDER 1 DAY 5c. DATE OF BIRTH (MONTH, DAY, YEAR) 6. 5/12/47 COUNTY OF DEATH 7a. Lake

CITY, TOWN, OR LOCATION OF DEATH 7b. Gary INSIDE CITY LIMITS (SPECIFY YES OR NO) 7c. yes HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 7d. 628 Dallas St.

STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) 8. Alabama CITIZEN OF WHAT COUNTRY 9. U.S.A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 10. married SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) 11. Arthur Momon

SOCIAL SECURITY NUMBER 12. 420-66-8835 USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) 13a. Recorder KIND OF BUSINESS OR INDUSTRY 13b. U.S. Steel Corp.

RESIDENCE—STATE COUNTY CITY, TOWN OR LOCATION INSIDE CITY LIMITS (SPECIFY YES OR NO) TOWNSHIP 14a. Indiana 14b. Lake 14c. Gary 14d. YES 14e. Calumet

STREET AND NUMBER 14f. 628 Dallas St. IS RESIDENCE ON A FARM? 14g. YES NO

FATHER—NAME FIRST MIDDLE LAST MOTHER—MAIDEN NAME FIRST MIDDLE LAST 15. Clemmie Momon 16. Lillian Myland

INFORMANT—NAME RELATIONSHIP MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 17a. Arthur Momon 17b. Husband 17c. 628 Dallas St. Gary, Indiana

THIS IS TO CERTIFY THAT AS HEALTH OFFICER I HAVE MADE AN INVESTIGATION INTO THE CAUSE OF DEATH OF THE PERSON LISTED IN ITEM No. 1. THIS INVESTIGATION WAS MADE UNDER THE AUTHORITY AND WITHIN THE LIMITS OF CHAPTER 157, ACTS OF 1949 SECTION 1225. AS A RESULT OF SUCH INVESTIGATION I HAVE DETERMINED THE CAUSE OF DEATH TO BE: (Section 18)

18. PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))

(a) IMMEDIATE CAUSE (b) DUE TO, OR AS A CONSEQUENCE OF: (c) DUE TO, OR AS A CONSEQUENCE OF:

18. PART II. OTHER SIGNIFICANT CONDITIONS

CERTIFICATION—HEALTH OFFICER (Signature: Thomas T. Hedrick, Jr.)

1. (DID, DID NOT) VIEW THE BODY AFTER DEATH 21a. DEATH OCCURRED AT THE DECEDENT WAS PRONOUNCED DEAD ON: MONTH DAY

CERTIFIER: AT THE PLACE AND TIME AND ON THE DATE STATED ABOVE, AND TO THE BEST OF MY KNOWLEDGE DUE TO THE CAUSE STATED (TYPE OR PRINT NAME AND SIGN) HEALTH OFFICER (Signature: Thomas T. Hedrick, Jr.)

MAILING ADDRESS: 21c. INS W 5th STREET OR R.F.D. NO. CITY TOWN STATE ZIP DATE SIGNED 21d. Gary Ind 46404

BURIAL—CREMATION, REMOVAL (SPECIFY) 22a. Burial CEMETERY, CREMATORY, FUNERAL HOME 22b. Oak Hill LOCATION / CITY OR TOWN STATE FUNERAL HOME NUMBER 22c. Gary Indiana 770

BURIAL—DATE—MO. DAY YEAR FUNERAL HOME—NAME FUNERAL HOME—ADDRESS 23a. Aug. 6, 1977 23b. Guy & Allen Funeral Directors 2959 W. 11th Ave. Gary, Ind. 46404

FUNERAL DIRECTOR—SIGNATURE (Signature: Guy & Allen) HEALTH OFFICER—SIGNATURE (Signature: Thomas T. Hedrick, Jr.) DATE RECEIVED BY HEALTH OFFICER: MONTH DAY YEAR

BURIAL

100/872369
AUG 28 1976
FUNERAL DIRECTOR'S LICENSE No. 270 #1739276
ROOSEVELT ALLE
EMBALMER'S NAME
AUDITOR

Robert Quinn
2148 W. 11th Ave
Gary 46404

Disposition Permit Issued /-/-
Provisional Certificate
 Yes No

Bad Original



107

James E. Bell
CERTIFIED COPY
HEALTH COMMISSIONER
CITY OF GARY, IND.
DATE AUG 29 1977