

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

Below for State Office Use

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No Real Estate Listed

EMBALMER'S NAME Barry B. Little LICENSE No. 2232

FUNERAL DIRECTOR'S SIGNATURE Barry B. Little LICENSE No. 319

FUNERAL HOME No. 126

876435 ①

RS 164 #2-4021

*Micantile Nat'l Bank
5243 Hohman Ave, Hammond
Ind. Louisville*

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

State No. _____

Local No. 163084

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. Elsie M. Allen			SEX Female	DATE OF DEATH (MONTH DAY YEAR) Aug. 29, 1984	
RACE—(a) White	AGE—Last Birthday 5a. 82	UNDER 1 YEAR 5b. 82	UNDER 1 DAY 5c. 82	DATE OF BIRTH (Mo. Day Yr.) Jan. 30, 1902	COUNTY OF DEATH Lake
CITY, TOWN OR LOCATION OF DEATH 7b. Crown Point		HOSPITAL OR OTHER INSTITUTION—Name (if not in other give street and number) 7c. St. Anthony's Medical Center		IF HOSP OR INST (Indicate DOA or (Local, Reg., Industrial, Special)) 7d. Imp	
STATE OF BIRTH (if not in U.S.A. name country) 8. Indiana	CITIZEN OF WHAT COUNTRY 9. USA	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 10. Widowed	SURVIVING SPOUSE (if wife give maiden name) 11. -----		IF DECEASED EVER IN U.S. ARMED FORCES (Specify type of service) 12. no
SOCIAL SECURITY NUMBER 13. 312-09-3079		USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 14a. Bookkeeper	KIND OF BUSINESS OR INDUSTRY 14b. Building Construction		
RESIDENCE—STATE 15a. Ind.	COUNTY 15b. Lake	CITY, TOWN OR LOCATION 15c. Crown Point			
STREET AND NUMBER 15d. 745 Pettibone			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 16. Lewis H. Walker			MOTHER—MAIDEN NAME 17. Lillie M. Bright		
INFORMANT—NAME (Type or print) RELATIONSHIP 18a. Gloria Laney		MAILING ADDRESS STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP 18b. 736 S. Main St. Crown Point Indiana 46307			
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a. Burial		CEMETERY OR CREMATORY—FUNERAL HOME 19b. Elmwood Cemetery		LOCATION CITY OR TOWN STATE 19c. Hammond Indiana	
DATE (MONTH DAY YEAR) 20a. August 31, 1984		FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP) 20b. Little Funeral Home 811 E. Franciscan DR. Indiana			
To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. 21a. (Signature) James W. Gentleman D.O.			DATE SIGNED (Mo. Day Yr.) 21b. 8-30-84	HOUR OF DEATH 21c. 5:10 pm	
NAME OF ATTENDING PHYSICIAN (Type or Print) 21d. JAMES W. GENTLEMAN, D.O.					
MAILING ADDRESS—PHYSICIAN 21e. 12110 GRANT ST. CROWN POINT, IND. 46307					
HEALTH OFFICER—SIGNATURE 22a. Paul Johnson M.D.				DATE RECEIVED BY LOCAL HEALTH OFFICER 22b. 8-30-84	
23. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) PART I (a) TRANSITIONAL CELL CARCINOMA WITH METASTASIS					
(b) DUE TO OR AS A CONSEQUENCE OF				Interval between onset and death YEARS	
(c) DUE TO OR AS A CONSEQUENCE OF				Interval between onset and death	
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. no	

2345A

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