

INDIANA STATE BOARD OF HEALTH  
CORONER'S CERTIFICATE OF DEATH

SEC. PACIFIC  
9521 INDIANAPOLIS BLVD  
State HIGHLAND, IND  
No. 46322

Local No. 78-038

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

876488

FUNERAL HOME  
No. 248

TYPE OF DEATH  
IN  
PERMANENT  
OR  
TEMPORARY  
INSTRUCTIONS  
SEE  
HANDBOOK

DECEASED

DISPOSITION

CERTIFIER

CONDITIONS  
IF ANY  
WHICH  
LEAD  
TO  
MORBIDITY  
OR  
TO  
FURTHER  
CAUSE  
OF  
DEATH

CAUSE

DECEASED—NAME <b>CLARENCE THURMOND</b>		SEX male		DATE OF DEATH May 18, 1978	
RACE Amer Blk	AGE 37	UNDER 1 YEAR	UNDER 1 DAY	DATE OF BIRTH Sept 4, 1940	COUNTY OF DEATH Lake
CITY/TOWN OR LOCATION OF DEATH Gary		HOSPITAL OR OTHER INSTITUTION I-80 Eastbound, west of Grant Exit		IF HOSP OR INST. NO/A	
STATE OF BIRTH Tenn	CITIZEN OF WHAT COUNTRY USA	MARRIED NEVER MARRIED, ANNULLED DIVORCED 10 married	SURVIVING SPOUSE Ninnie Williams		WAS DECEASED EVER IN U.S. ARMED FORCES? no
SOCIAL SECURITY NUMBER 409-68-5352		USUAL OCCUPATION Steel worker		KIND OF BUSINESS OR INDUSTRY Inland Steel Co.	
RESIDENCE—STATE Indiana	COUNTY Lake	CITY/TOWN OR LOCATION Gary		STREET AND NUMBER 9147 Pottowatami Trail	
IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN CUBAN PUERTO RICAN ETC no					
FATHER—NAME Lonnie Thurmond		MOTHER—MAIDEN NAME Ovallie Carter			
DECEASED—NAME Ninnie Thurmond		MAILING ADDRESS 9147 Pottowatami Tr. Gary, In. 46402			
DISPOSITION Burial removal		CEMETERY OR CREMATORY—FUNERAL HOME Old Chapel		LOCATION Halls Tenn	
DATE May 20, 1978		FUNERAL HOME—NAME AND ADDRESS Smith Bizzell & Warner Inc. 2295 Wash. St. Gary, In. 46407			
CERTIFIER Albert T. Willardo M.D.		DATE SIGNED 5/19/1978		HOUR OF DEATH 12:46 A.M.	
HEALTH OFFICER—NAME Carl G. Caldwell M.D.					
DATE RECEIVED BY LOCAL HEALTH OFFICER 5/19/78					
IMMEDIATE CAUSE Drowning					
OTHER SIGNIFICANT CONDITIONS—Continental contributing to death but not related to causal chain in PART I YES					
ACC. SUICIDE, HOMIC. UNDET. OR PENDING INVEST. REASON ACCIDENT		DATE OF INJURY 5/18/1978		HOUR OF INJURY	
INJURY AT WORK (attach Post-Op Rpt)		PLACE OF INJURY STREET		LOCATION I-80 EASTBOUND, WEST OF GRANT EXIT, GARY, IND	

1354

RECORDED  
22 112 27 PM '78

FILED

SEP 22 1986

AUDITOR  
LAKESIDE COUNTY

EMBALMER'S NAME  
Ede Warner

FUNERAL DIRECTOR'S SIGNATURE  
Ede Warner

Disposition Permit Issued / /  
Provisional Certificate  
 Yes  No

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*E. N. Caldwell, M.D.*  
CERTIFIED COPY  
HEALTH COMMISSIONER  
CITY OF GARY, IND.  
DATE JUN 20 1973