

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

889761

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

State
No.

Local No. 3046-86

498

Below for State Office Use

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THIS CERTIFIES THE ABOVE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY DEPT. OF HEALTH, LICENSE No. ...

EMBALMER'S NAME: Andrew J. ...
FUNERAL DIRECTOR'S SIGNATURE: ...
GENERAL HOME: ...
COUNTY: 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

DISPOSITION

M.D. OR D.O.

CONDITIONS IN ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

CAUSE

1 DECEASED—NAME FIRST MIDDLE LAST BLANCHE MARIE MCCREARY		SEX FEMALE	DATE OF DEATH/MONTH DAY YEAR NOVEMBER 14, 1986
2 RACE—100 White, 200 Black American Indian, 300 Hispanic	4 AGE—100 Birthdate (Mo. Day Year) 53	6 DATE OF BIRTH (Mo. Day Year) 7-30-33	7a COUNTY OF DEATH LAKE
3 CITY, TOWN OR LOCATION OF DEATH MERRILLVILLE	7b HOSPITAL OR OTHER INSTITUTION (Name if not on other part of certificate) BROADWAY METHODIST	7c	7d IF HOSP OR INST (Specify type, location, etc.) INP.
8 STATE OF BIRTH (Mo. or U.S. Poss. Territory) ARKANSAS	9 CITIZEN OF WHAT COUNTRY US	10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	11 SURVIVING SPOUSE (If wife, give maiden name) FREDDIE MCCREARY JR.
12 SOCIAL SECURITY NUMBER 432-58-5864	13a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE	13b KIND OF BUSINESS OR INDUSTRY NA	12 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify type and dates) NO
14a RESIDENCE—STATE INDIANA	14b COUNTY LAKE	14c CITY, TOWN OR LOCATION GARY	14d
15a STREET AND NUMBER 828 RHODE ISLAND STREET	15b IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	15c INSIDE CITY LIMITS (Specify city or town) YES	15d
16 IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	16 FATHER—NAME FIRST MIDDLE LAST IVORY GLASS JR.	17 MOTHER—MAIDEN NAME FIRST MIDDLE LAST MARY ESTELLA WILLIAMS	
18a INFORMANT—NAME (Type or print) FREDDIE MCCREARY JR.	18b RELATIONSHIP	18c MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 828 RHODE ISLAND STREET GARY, INDIANA 46402	
19a BURIAL, CREMATION, REMOVAL, OTHER (Specify) BURIAL	19b CEMETERY OR CREMATORY—FUNERAL HOME EVERGREEN PARK	19c LOCATION (City or Town, State, Zip) HOBART, INDIANA	
20a DATE (Month Day Year) NOVEMBER 21, 1986	20b FUNERAL HOME—NAME AND ADDRESS (Street or R.F.D. No., City or Town, State, Zip) ANDREW SMITH F.H. 934 E. 21ST. AVE. GARY, IND.	21a DATE SIGNED (Mo., Day, Year) 11/18/86	21c HOUR OF DEATH 5:55 AM
21b NAME OF ATTENDING PHYSICIAN (Type or Print) [Signature]	21d MAILING ADDRESS—PHYSICIAN	21e	21f
22a HEALTH OFFICER—SIGNATURE [Signature]	22b DATE RECEIVED BY LOCAL HEALTH OFFICER 11-20-86		
23a IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (I) AND (II)) Cardiac Arrest	23b DUE TO OR AS A CONSEQUENCE OF Cerebrogenic Shock	23c Interval between onset and death	
24a PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (10)	24b	24c	24d

460