

*Crenshaw Realty
4581 Bridway - Gary
46409*

1254

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

Below for State Office Use

KEY 46-552-9

A MARSHALL TOWN TERRACE

B LOT 9 BL. 4

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889142
Local No. 86-0413

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

State No.

FUNERAL HOME No. *1235*

FUNERAL DIRECTOR'S LICENSE No. *651*

EMBALMER'S NAME

FUNERAL DIRECTOR'S SIGNATURE

TYPE OR PRINT IN PERMANENT INK FOR INSTRUCTIONS SEE HANDBOOK

DECEASED

USUAL RESIDENCE WHERE DECEASED LIVED IF DEATH OCCURRED IN INSTITUTION GIVE RESIDENCY BEFORE ADMISSION

PARENTS

DISPOSITION

M.D. OR D.O.

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE LEADING TO THE UNDERLYING CAUSE LAST

CAUSE

DECEASED - NAME 1 DAVID RICHARD MARTIN			SEX 2 MALE	DATE OF DEATH (MONTH DAY YEAR) 3 JUNE 11, 1986
RACE - (10 White, Black, American Indian, etc.) 4 BLACK	AGE - (11a Birthdate (MM/DD/YY)) 5a 53	UNDER 1 YEAR 5b DAYS	UNDER 1 DAY 5c HOURS MIN	DATE OF BIRTH (MM/DD/YY) 6 5-17-33
CITY, TOWN OR LOCATION OF DEATH 7a GARY		HOSPITAL OR OTHER INSTITUTION - (Name, street or other address, city and number) 7c ST. MARY MEDICAL CENTER		IF HOSP. GRANT - Indiana DDA OR (See Sec. 16-2-15) (Specify)
STATE OF BIRTH (If not in U.S.A. give country) 8 VIRGINIA	CITIZEN OF WHAT COUNTRY 9 US	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 10 MARRIED	SURVIVING SPOUSE (If wife, give maiden name) 11 BEATRICE MARTIN	
SOCIAL SECURITY NUMBER 13 228-40-6697		USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 14a US STEEL	KIND OF BUSINESS OR INDUSTRY 14b GARY WORKS - PAYLOAD OPERATOR	
RESIDENCE - STATE 15a INDIANA	COUNTY 15b LAKE	CITY, TOWN OR LOCATION 15c GARY		IS RESIDENCE ON A FARM? 15d YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
STREET AND NUMBER 15e 2513 E. 22ND AVENUE			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 RICHARD ESTAH MARTIN		MOTHER - MAIDEN NAME 17 LUCY		DATE OF DEATH 18 JAN 28 1986
DECEASED - NAME (Print or print) RELATIONSHIP 19 BEATRICE MARTIN - WIFE		MAILING ADDRESS STREET OR R.F.D. NO. CITY OR TOWN 19b 2513 E. 22ND AVENUE GARY, INDIANA		
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 20a BURIAL		CEMETERY OR CREMATORY - FUNERAL HOME 19c FERN OAKS CEMETERY		LOCATION CITY OR TOWN STATE 19d GRIFFITH, INDIANA
DATE (MONTH DAY YEAR) 20b JUNE 16, 1986		FUNERAL HOME - NAME AND ADDRESS (STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP) 20c ANDREW SMITH F.H. 934 E. 21ST. AVENUE GARY, INDIANA		
21a (Specify) Arterial		DATE SIGNED (MM/DD/YY) 21b		HOUR OF DEATH 21c
NAME OF ATTENDING PHYSICIAN (Print or print) 21d				
MAILING ADDRESS - PHYSICIAN 21e				
HEALTH OFFICER - SIGNATURE 22a <i>James T. Hedrick, Jr. M.D.</i>			DATE RECEIVED BY LOCAL HEALTH OFFICER 22b JUN 25 1986	
IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE (1), (2), AND (3)) 23 Cardiac arrest				
DUE TO OR AS A CONSEQUENCE OF (2) Severe ischemic cardiovascular pathology			INTERNAL SETTING - ONSET OF DEATH F I I L E D	
DUE TO OR AS A CONSEQUENCE OF (3)			INTERNAL SETTING - ONSET AND DEATH JAN 28 1987	
OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART 23 24				AUTOPSY (Specify Yes or No) 24

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