

348

# INDIANA STATE BOARD OF HEALTH CORONER'S CERTIFICATE OF DEATH

State No. 4648 46409  
46409

83-0306

Local No. 45710

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

low for State Office Use

FUNERAL HOME  
No. 249

**FILED**  
LICENSE No. 4263  
FEDERAL DIRECTOR'S  
LICENSE No. 627198

EMBALMER'S NAME  
E.W. TOWNS  
FUNERAL DIRECTOR'S  
SIGNATURE [Signature]

TYPE OR PRINT  
IN  
PERMANENT  
INK  
FOR  
INSTRUCTIONS  
SEE  
HANDBOOK

DECEASED

IF DEATH  
OCCURRED IN  
INSTITUTION,  
SEE HANDBOOK  
REGARDING  
COMPLETION OF  
RESIDENCE ITEMS.

PARENTS

DISPOSITION

CERTIFIER

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

CAUSE

DECEASED—NAME 1. <b>CISCERO ORR JR.</b>			SEX 2. <b>Male</b>	DATE OF DEATH (MONTH, DAY, YEAR) 3. <b>May 4, 1983</b>
RACE—(a) White, Black, American Indian, etc. (Specify) 4. <b>Black</b>	AGE—Last Birthday (Mo.) 5a. <b>29</b>	UNDER 1 YEAR 5b. <b>MOS</b>	UNDER 1 DAY 5c. <b>HOURS</b>	DATE OF BIRTH (Mo., Day, Yr.) 6. <b>6/26/1953</b>
CITY, TOWN OR LOCATION OF DEATH 7b. <b>Gary</b>		HOSPITAL OR OTHER INSTITUTION—(Name if not in both a, give street and number) 7c. <b>536 Pennsylvania St.</b>		IF HOSP. OR INST., indicate DOA, DP (Time, Am., Impersonal) (Specify) 7d. <b>---</b>
STATE OF BIRTH (If not in U.S. a Name Country) 8. <b>Indiana</b>	CITIZEN OF WHAT COUNTRY 9. <b>U.S.A.</b>	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 10. <b>Divorced</b>	SURVIVING SPOUSE (If wife, give maiden name) 11. <b>---</b>	
SOCIAL SECURITY NUMBER 13. <b>316-58-4634</b>		USUAL OCCUPATION (Give kind of work done during most of working life. cross if retired) 14a. <b>Laborer</b>		KIND OF BUSINESS OR INDUSTRY 14b. <b>U.S. Steel Co.</b>
RESIDENCE—STATE 15a. <b>Indiana</b>	COUNTY 16b. <b>Lake</b>	CITY, TOWN OR LOCATION 15c. <b>Gary</b>		INSIDE CITY LIMITS (Specify Yes or No) 15f. <b>Yes</b>
STREET AND NUMBER 16d. <b>2213 Vermont St.</b>			IS RESIDENCE ON A FARM? 15e. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	INSIDE CITY LIMITS (Specify Yes or No) 15f. <b>Yes</b>
IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. 16g. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				
FATHER—NAME 16. <b>Ciscero Orr Sr.</b>			MOTHER—MAIDEN NAME 17. <b>Etta Mae Burton</b>	
INFORMANT—NAME 18a. <b>Ciscero Orr Sr.</b>		RELATIONSHIP 18b. <b>2213 Vermont St., Gary, Indiana</b>		
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a. <b>Burial</b>		CEMETERY OR CREMATORY—FUNERAL HOME 19b. <b>Evergreen Cemetery</b>		
DATE (MONTH, DAY, YEAR) 20a. <b>5/9/83</b>		FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 20b. <b>Towns Funeral Home, 1900 W. 15th, Gary, IN</b>		
21a. Signature <u>[Signature]</u>		DATE SIGNED (Mo., Day, Yr.) 21b. <b>5/5/83</b>		HOUR OF DEATH 21c. <b>9:05 a.</b>
21d. ON <b>5/4/83</b>		PRONOUNCED DEAD (Mo., Day, Yr.) 21e. AT <b>M</b>		
21f. NAME AND ADDRESS OF CERTIFIER (Type or Print) <b>ALBERT T. WILLARDO, M.D., 2293 NORTH MAIN ST., CROWN POINT, IN. 46307</b>				
22a. HEALTH OFFICER—SIGNATURE <u>[Signature]</u>			DATE RECEIVED BY LOCAL HEALTH OFFICER 22b. <b>5/6/83</b>	
PART I (a) <b>Laceration of left lung &amp; aorta</b>		Interval between onset and death <b>Undetermined</b>		
DUE TO, OR AS A CONSEQUENCE OF: (b) <b>Due to gunshot wound to back of shoulder</b>		Interval between onset and death		
DUE TO OR AS A CONSEQUENCE OF: (c) <b>---</b>		Interval between onset and death		
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributory to death but not related to cause given in PART I (a) 23. <b>---</b>				AUTOPSY (Specify Yes or No) 24. <b>Yes</b>
ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify) 25a. <b>Homicide</b>	DATE OF INJURY (Mo., Day, Yr.) 25b. <b>---</b>	HOUR OF INJURY 25c. <b>M</b>	DESCRIBE HOW INJURY OCCURRED 25d. <b>Gunshot wound</b>	
INJURY AT WORK (Specify Yes or No) 26a. <b>No</b>	PLACE OF INJURY—(At home, farm, street, factory, office building, etc. (Specify)) 26b. <b>Alley</b>	LOCATION 26c. <b>536 Penn. St., Gary, Indiana</b>	CITY OR TOWN STATE	

[Handwritten notes]  
Gary  
N 12 St  
# 11-154-53

Disposition Permit Issued  
Provisional Certificate  
 Yes  No

400

02-13

177

CERTIFIED COPY

*James T. Hedrick, Jr.*  
HEALTH COMMISSIONER  
CITY OF GARY, IND.

DATE MAY 4 1997