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EMBALMER'S NAME: Ede Warner

FUNERAL DIRECTOR'S SIGNATURE: *Ede Warner*

LICENSE No. 4260

FUNERAL DIRECTOR'S LICENSE No. 1984

FILED
MAY 22 1983
JACKSON LAKE COUNTY

918770

Local No. 83-0440

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

State No. _____

JEANETTE P...
3157 W. 20TH AVE. GARY IN 46404

DECEASED—NAME 1. JOHN RICHARDSON			SEX 2. MALE	DATE OF DEATH (MONTH DAY YEAR) 3. JULY 4, 1983
RACE—(e.g. White, Black, American Indian, etc.) (Specify) 4. AMER. BLK.	AGE—Last Birthday (Yr) 5a. 87	UNDER 1 YEAR MOB DATE 5b.	UNDER 1 DAY HOURS MINS 5c.	DATE OF BIRTH (Mo, Day Yr) 6. 26 DEC. 1895
CITY, TOWN OR LOCATION OF DEATH 7b. GARY		HOSPITAL OR OTHER INSTITUTION—(Name if not on other page street and number) 7c. 1956 DELAWARE STREET.		IF HOSP. OR INST. Indicate D.O.A. OP/Emr. Am., Impotent (Specify) 7d. N/A
STATE OF BIRTH (If not in U.S.A. specify country) 8. ARKANSAS	CITIZEN OF WHAT COUNTRY 9. U.S.A.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 10. MARRIED	SURVIVING SPOUSE (If wife give maiden name) 11. SUSIE ANNIE BARNES	
SOCIAL SECURITY NUMBER 13. 313-07-4549		USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 14a. RETIRED STEELWORKER		KIND OF BUSINESS OR INDUSTRY 14b. U.S. STEEL SHEET & TIN
RESIDENCE—STATE 15a. INDIANA	COUNTY 15b. LAKE	CITY, TOWN OR LOCATION 15c. GARY		
STREET AND NUMBER 15d. 1956 DELAWARE STREET			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. 16g. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				
FATHER—NAME 16. BEVERLY RICHARDSON		MOTHER—MAIDEN NAME 17. EVERLINE U/A		
INFORMANT—NAME (Type or print) 18a. SUSIE RICHARDSON (WIFE)		MAILING ADDRESS 18b. 1956 DELAWARE STREET GARY INDIANA 46407		
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a. BURIAL		CEMETERY OR CREMATORY—FUNERAL HOME 19b. OAKHILL CEMETERY		
DATE (MONTH DAY YEAR) 20a. JULY 9, 1983		FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 20b. SMITH BIZZELL & WARNER, INC., 2295 WASH. ST., GARY, IND. 46407		
To the best of my knowledge death occurred at the time and place and due to the causes stated 21a. (Signature) <i>G. J. Baden</i>		DATE SIGNED (Mo, Day Yr) 21b. 7-5-83		HOUR OF DEATH 21c. 11:00 AM
NAME OF ATTENDING PHYSICIAN (Type or Print) 21d. DR. GREGORIO BADAR, M.D.				
MAILING ADDRESS—PHYSICIAN 21e. 5490. BROADWAY MERRILLVILLE, INDIANA 46410				
HEALTH OFFICER—SIGNATURE <i>[Signature]</i>				DATE RECEIVED BY LOCAL HEALTH OFFICER 22b. 7/11/83
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST 23. IMMEDIATE CAUSE (If more than one cause, list all) PART I (a) Complexive Head Failure DUE TO OR AS A CONSEQUENCE OF (b) Arteriosclerotic Head Disease DUE TO OR AS A CONSEQUENCE OF (c) Chronic Hypertension				
OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a) PART II Chronic Brain Syndrome Secondary to Generalized Arteriosclerosis				AUTOPOST (Specify Yes or No) Chronic Chronic Chronic

077810

CERTIFIED COPY
James J. Howarth
HEALTH COMMISSIONER
CITY OF GARY, IND.
DATE 8/4/83 *MD.*