

TYPE OR PRINT
PLAINLY WITH
UNFADING INK

THIS IS A
PERMANENT
RECORD

Below for State Office Use

- A _____
- B _____
- C _____
- D _____
- E _____
- F _____
- G _____
- H _____
- I _____
- J _____
- K _____
- L _____
- 1 _____
- 2 _____
- 3 _____
- 4 _____
- 5 _____
- 6 _____
- 7 _____
- 8 _____
- 9 _____
- 10 _____
- 11 _____
- 12 _____

EMBALMER'S NAME: Edw Warner

FUNERAL DIRECTOR'S SIGNATURE: Edw Warner

LICENSE No. 4260
FUNERAL DIRECTOR'S LICENSE No. 1984

FILED
MAY 22 1983
LAKES 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. | | COUNTY OF DEATH 7d. LAKE |
| 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) G. J. Baden | | DATE SIGNED (Mo, Day Yr) 21b. 7-5-83 | | HOUR OF DEATH 21c. 11:00 |
| 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 (b) Arteriosclerotic Head Disease (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) |

077810

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