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Add #41-148-16  
 Add #15-0017  
 Add #41-148-16

FILED

MAY 22 1987

248

FURNERAL HOME

Cakes County

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

EMBALMER'S NAME Ede Warner  
 FUNERAL DIRECTOR'S  
 SIGNATURE *Ede Warner*

918771

Local No. 261

## INDIANA STATE BOARD OF HEALTH MEDICAL CERTIFICATE OF DEATH

State No. \_\_\_\_\_

DECEASED - NAME 1 Susie A. Richardson			SEX 2 Female	DATE OF DEATH - MONTH DAY YEAR 3 June 19, 1984		
RACE - (a) White (b) Negro (c) American Indian or Alaskan 4 Amer. Blk.		AGE - Last birthday 5a 73	12a UNDER 1 YEAR 5b 5m	12b UNDER 1 DAY 5c 5h	DATE OF BIRTH - MO DAY YEAR 6 10 July 1905	COUNTY OF DEATH 7a Lake
CITY TOWN OR LOCATION OF DEATH 7b East Chicago		HOSPITAL OR OTHER INSTITUTION - Name if available, give street and number 7c St. Catherine Hospital		IF HOSP OR INST Indicate DOA OP Emer Am Inst (Specify) 7d Inpatient		
STATE OF BIRTH (Specify in U.S.A. name country) 8 Arkansas	CITIZEN OF WHAT COUNTRY 9 U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED (Specify) 10 Widowed	SURVIVING SPOUSE - Name, give name and date 11 None		WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No) 12 No	
SOCIAL SECURITY NUMBER 13 309-22-8793		USUAL OCCUPATION - Give kind of work done during most of working life, give period 14a Housewife		KIND OF BUSINESS OR INDUSTRY 14b Homemaker		
RESIDENCE - STATE 15a Indiana	COUNTY 15b Lake	CITY TOWN OR LOCATION 15c Gary				
STREET AND NUMBER 15d 3157 West 20th Avenue			IS RESIDENCE ON A FARM? 15e YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	INSIDE CITY LIMITS? (Specify Yes or No) 15f Yes <input checked="" type="checkbox"/>		
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 Wallace Barnes		MOTHER - MAIDEN NAME 17 Ada				
INFORMANT - NAME (Type or print) 18 Jeanette Pike (Daughter)		RELATIONSHIP 18b Daughter	MAILING ADDRESS 18c 3157 West 20th Avenue	CITY OR TOWN 18d Gary	STATE 18e Indiana	ZIP 18f 46404
DISPOSITION 19a Burial		CEMETERY OR CREMATORY - FUNERAL HOME 19b Oakhill Cemetery		LOCATION 19c Gary	CITY OR TOWN 19d Indiana	STATE 19e Indiana
DATE - MONTH DAY YEAR 20a June 23, 1984		FUNERAL HOME - NAME AND ADDRESS 20b Smith Bizzell & Warner, Inc., 2295 Wash. St., Gary, Ind. 46407				
To the best of my knowledge, death occurred at the time, date and place and due to the cause stated 21a Signature <i>[Signature]</i>			DATE SIGNED - MO DAY YEAR 21b June 21, 1984	HOUR OF DEATH 21c 1:30 AM		
M.D. OR D.O. 21d Dr. M. Ali, M.D.			MAILING ADDRESS - PHYSICIAN 21e 9116 Columbia Avenue Munster, Indiana 46321			
HEALTH OFFICER - SIGNATURE 22a <i>[Signature]</i>			DATE RECEIVED BY LOCAL HEALTH OFFICER 22b 6-22-84			
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST 23 PART I (a) Advanced colon carcinoma of Buxst 23b DUE TO OR AS A CONSEQUENCE OF 23c OR AS A CONSEQUENCE OF			INTERVAL BETWEEN ONSET AND DEATH			
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not recorded as cause given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH			
CAUSE			INTERVAL BETWEEN ONSET AND DEATH			
			AUTOPSY (Specify Yes or No) 24			

4.00

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E. A. Campagna

