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

Below for State Office Use

40c 933883

John Lewis
1739 Virginia St Gary, Ind 46602

INDIANA STATE BOARD OF HEALTH
CORONER'S CERTIFICATE OF DEATH

55

Local No. 74-1258

PERMANENT INK SEE HANDBOOK FOR INSTRUCTIONS

DECEASED—NAME FIRST MIDDLE LAST SEX DATE OF DEATH (MONTH, DAY, YEAR)

1. Richard L. McGhee 2. M 3. 10-26-74

RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY) Black AGE—LAST BIRTHDAY (YEAR) 38 UNDER 1 YEAR NOS. DAYS UNDER 1 DAY HOURS MIN. DATE OF BIRTH (MONTH, DAY, YEAR) 12-15-55 COUNTY OF DEATH LAKE

CITY, TOWN, OR LOCATION OF DEATH GARY INSIDE CITY LIMITS (SPECIFY YES OR NO) YES HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) METHODIST

DECEASED: STATE OF BIRTH (IF NOT IN U.S.A.) INDIANA CITIZEN OF WHAT COUNTRY U.S. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) MARRIED SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) SANDRA THOMPSON

8. INDIANA 9. U.S. 10. MARRIED 11. SANDRA THOMPSON

SOCIAL SECURITY NUMBER N/A USUAL OCCUPATION (GIVE KIND OR NAME OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) N/A KIND OF BUSINESS OR INDUSTRY N/A

12. RESIDENCE—STATE IND COUNTY LAKE CITY, TOWN, OR LOCATION GARY INSIDE CITY LIMITS (SPECIFY YES OR NO) YES TOWNSHIP CHUMNET

14a. IND 14b. LAKE 14c. GARY 14d. YES 14e. CHUMNET

STREET AND NUMBER 1739 VIRGINIA 14g. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES OF SERVICE) NO 14h. YES NO

FATHER—NAME FIRST MIDDLE LAST MOTHER—MAIDEN NAME FIRST MIDDLE LAST

15. Lucious McGhee 16. MARY BEE

17a. SANDRA McGhee 17b. WIFE 17c. 1739 VIRGINIA

PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))

18. IMMEDIATE CAUSE

(a) Pneumonia and Coronary Occlusion

CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST

(b) DUE TO, OR AS A CONSEQUENCE OF:

(c) DUE TO, OR AS A CONSEQUENCE OF:

CAUSE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (A)

19a. yes 19b. no

ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY) Natural DATE OF INJURY (MONTH, DAY, YEAR) 206 HOUR 20c M. 20d

20a. Natural 20b. 206 20c. 20c M. 20d

INJURY AT WORK (SPECIFY YES OR NO) 20e PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY) 20f LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 20g

CORONER'S CERTIFICATION

R—ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED

DEATH OCCURRED (HOUR) 21a M. THE DECEDENT WAS PRONOUNCED DEAD (MONTH) 21b DAY 26 YEAR 1974 HOUR 21c DATE SIGNED (MONTH, DAY, YEAR) 11 74

CERTIFIER—NAME (TYPE OR PRINT) William H. Mott, M.D. SIGNATURE William H. Mott (DEGREE OR TITLE) Coroner

MAILING ADDRESS—CERTIFIER STREET OR R.F.D. NO. 751 Washington Street CITY OR TOWN Gary STATE Indiana ZIP 46602

BURIAL

BURIAL, CREMATION, REMOVAL (SPECIFY) Burial CEMETERY, CREMATORY, FUNERAL HOME LOCATION CITY OR TOWN STATE

24a. Burial 24b. Emergency Prep 24c. Hobart Dickie

DATE (MONTH, DAY, YEAR) 10-31-74 FUNERAL HOME NAME AND ADDRESS Andrew Smith 934 E. 21st Gary Ind STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP

24d. 10-31-74 25a. Andrew Smith SIGNATURE OF HEALTH OFFICER William H. Mott DATE RECEIVED BY LOCAL HEALTH OFFICER NOV 13 1974

58H-113-4

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Disposition Permit Issued 7/31/74
Provisional Certificate
 Yes No

LETTIAN BLASTICK
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46-65-17

Signature of Coroner

Signature of Health Officer

888888

James T. Hewitt
CERTIFIED COPY
HEALTH COMMISSION
CITY OF GARY, IND.
JUL 28 1987
GARY