

TYPE OR PRINT
PLAINLY, WITH
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LICENSE No. 1012356

EMBALMER'S NAME ANDREW SMITH

FUNERAL DIRECTOR'S SIGNATURE
FUNERAL DIRECTOR'S LICENSE No. 1012356

FUNERAL HOME
No. 000120356

TYPE OR PRINT
IN
PERMANENT
INK
FOR
INSTRUCTIONS
SEE
HANDBOOK

DECEASED

USUAL RESIDENCE
WHERE DECEASED
LIVED IF DEATH
OCCURRED IN
INSTITUTION, GIVE
RESIDENCE BEFORE
ADMISSION

PARENTS

DISPOSITION

M.D.
OR
D.O.

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

CAUSE

933884

Local No. 87-0158

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

State No. 15

1739 Virginia St. Gary 46407

DECEASED—NAME FIRST MIDDLE LAST SANDRA LEE MCGHEE			SEX FEMALE	DATE OF DEATH (MONTH DAY YEAR) JULY 13, 1987	
RACE—(10 8 White Black American Indian or Alaskan) 4 BLACK	AGE—Last Birthday (Year) 5a 47	UNDER 1 YEAR 5b MOS DAYS	UNDER 1 DAY 5c HOURS MINS	DATE OF BIRTH (Mo. Day, Yr.) 6 4-1-1940	COUNTY OF DEATH 7a LAKE
CITY, TOWN OR LOCATION OF DEATH 7b GARY		HOSPITAL OR OTHER INSTITUTION—Name (if not on this page give street and number) 7c ST. MARY MEDICAL CENTER		IF HOSP OR INST (Specify DOA Or Emer. Rm. Institution) (Specify) 7d INP.	
STATE OF BIRTH (If not in U.S. give Country) 8 LOUISIANA	CITIZEN OF WHAT COUNTRY 9 US	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 10 WIDOWED	SURVIVING SPOUSE (If wife give maiden name) 11		WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No) 12
SOCIAL SECURITY NUMBER 13 308-36-0883		USUAL OCCUPATION (Give kind of work done during most of working life from 15 years) 14a UNEMPLOYED		KIND OF BUSINESS OR INDUSTRY 14b	
RESIDENCE—STATE 15a INDIANA	COUNTY 15b LAKE	CITY, TOWN OR LOCATION 15c GARY			
STREET AND NUMBER 15d 1739 VIRGINIA 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. 15g YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
FATHER—NAME FIRST MIDDLE LAST 16 HARVEY LEE THOMPSON		MOTHER—MAIDEN NAME FIRST MIDDLE 17 PINKEY			
INFORMANT—NAME (Type or print) RELATIONSHIP TONIA MCGHEE LEWIS-DAUGHTER		MAILING ADDRESS 18b 116 N. LAKE AVENUE APT. 4 MICHIGAN, CITY 46360	CITY OR TOWN STATE ZIP CITY OR TOWN STATE ZIP		
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a BURIAL		CEMETERY OR CREMATORY—FUNERAL HOME 19b EVERGREEN PARK	LOCATION CITY OR TOWN STATE ZIP 19c HOBART, INDIANA		
DATE (MONTH DAY YEAR) 20a JULY 17, 1987		FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN STATE ZIP) 20b ANDREW SMITH F.H. 934 E. 21ST. AVE. GARY, IND		HOUR OF DEATH 21b 7:20/87	
To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. 21a (Signature) <i>Cyril P. Mendez-Llaneta</i>			DATE SIGNED (Mo. Day, Yr.) 21b 7/20/87		HOUR OF DEATH 21c
NAME OF ATTENDING PHYSICIAN (Type or Print) 21d CYRIL P. MENDEZ-LLANETA, M.D., M.P.H. 26 EAST 15TH AVENUE GARY, INDIANA 46407			DATE RECEIVED BY LOCAL HEALTH OFFICER 22b JUL 20 1987		
MAILING ADDRESS—PHYSICIAN 21e			AUDITOR LAKE COUNTY 22c		
IMMEDIATE CAUSE (a) Hepatic and renal failure / Cachexia - Respiratory Distress			Interval between onset and death		
(b) Metastatic Liver Cr			Interval between onset and death		
(c) Cr of Colon			Interval between onset and death		
OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a) 21f Hypertension			AUTOPSY (Specify Yes or No) 24		

FILED

AUG 18 1987

LILLIAN PLASTIK
LORETTA CUREN

Handwritten signature

100000

ORVILLE D. COOPER
Orville D. Cooper
HEALTH COMMISSIONER
CITY OF GARY, IND.