

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

Below for State Office Use

943291

INDIANA STATE BOARD OF HEALTH  
MEDICAL CERTIFICATE OF DEATH

State  
No.

Local No.

87-0623

TYPE  
OR PRINT  
IN  
PERMANENT  
INK  
FOR  
INSTRUCTIONS  
SEE  
HANDBOOK

DECEASED—NAME FIRST MIDDLE LAST SEX DATE OF DEATH (MONTH DAY YEAR)  
1 T. Z. QUARLES 2 MALE 3 OCTOBER 3, 1987

RACE—(See What, Black, American Indian, etc.) AGE—(Last Birthday) UNDER 1 YEAR UNDER 1 DAY DATE OF BIRTH (Mo. Day Year) COUNTY OF DEATH  
4 BLACK 5a 70 5b 5c 6 3-8-17 7a LAKE

CITY, TOWN OR LOCATION OF DEATH HOSPITAL OR OTHER INSTITUTION—(Name if not in index give street and number) IF HOSP OR INST. (Specify DOA or Date Rec. Institution) (Specify)  
7b MERRILLVILLE 7c BROADWAY METHODIST 7d

STATE OF BIRTH (If not in U.S. name country) CITIZEN OF WHAT COUNTRY MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SURVIVING SPOUSE (If wife give maiden name) WAS OCCIDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No)  
8 MISS. 9 US 10 MARRIED 11 OLYC THERKIELD 12 NO

SOCIAL SECURITY NUMBER USUAL OCCUPATION (Give kind of work done during most of working life from 18 years) KIND OF BUSINESS OR INDUSTRY  
13 304-22-8757 14a RETIRED 14b US STEEL

RESIDENCE—STATE COUNTY CITY, TOWN OR LOCATION  
15a INDIANA 15b LAKE 15c GARY

STREET AND NUMBER IS RESIDENCE ON A FARM? INSIDE CITY LIMITS (Specify Yes or No)  
15d 620 LINCOLN STREET 15e YES  NO  15f YES

IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC.  
15g YES  NO

FATHER—NAME FIRST MIDDLE LAST MOTHER—MAIDEN NAME FIRST MIDDLE LAST  
16 JESSIE QUARELS 17 KITTY BLAKE

INFORMANT—NAME (Type or Print) RELATIONSHIP MAILING ADDRESS (STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP)  
18a OLYC QUARLES - WIFE 18b 620 LINCOLN STREET GARY, INDIANA

BURIAL, CREMATION, REMOVAL, OTHER (Specify) CEMETERY OR CREMATORY—FUNERAL HOME LOCATION CITY OR TOWN STATE  
19a BURIAL 19b FERN-OAKS CEMETERY 19c GRIFFITH, INDIANA

DATE (MONTH DAY YEAR) FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO. CITY OR TOWN STATE, ZIP)  
20a OCTOBER 5, 1987 20b ANDREW SMITH F.H. 934 E. 21st. AVE. GARY, INDIANA

To the best of my knowledge death occurred at the time, date and place and due to the causes stated DATE SIGNED (Mo. Day Year) HOUR OF DEATH  
21a (Signature) Barbara R. Fuller, MD 21b 10/6/87 21c 25 PM '87

NAME OF ATTENDING PHYSICIAN (Type or Print) MAILING ADDRESS—PHYSICIAN  
21d

HEALTH OFFICER—SIGNATURE DATE RECEIVED BY LOCAL HEALTH OFFICER  
22a (Signature) 22b OCT 7 1987

CONDITIONS IF ANY WHICH GAVE RISE TO NEAREST DATE CAUSE STATING THE UNDERLYING CAUSE LAST  
23. (a) IMMEDIATE CAUSE (List only one cause per line for (a) and (b)) (Interval between onset and death)  
1. Aspiration pneumonia 3 weeks

PART I (b) DUE TO, OR AS A CONSEQUENCE OF (Interval between onset and death)  
1. Carcinoma of the Esophagus 19 months

(c) DUE TO OR AS A CONSEQUENCE OF (Interval between onset and death)  
1. (c)

PART II OTHER SIGNIFICANT CONDITIONS—(Conditions contributing to death but not related to cause given in PART I) AUTOPSY (Specify Yes or No)  
2. (c)

SB11 06-003 State Form 35430  
REV. 10/77

Alex N. Anton  
AUDITOR LAKE COUNTY

RESUB. GARY, IND. CO. 3RD SUB B118  
44-141-11  
46-128-27  
46-543-15  
L115 B119  
Corrected Plat Marshall  
L27 B111

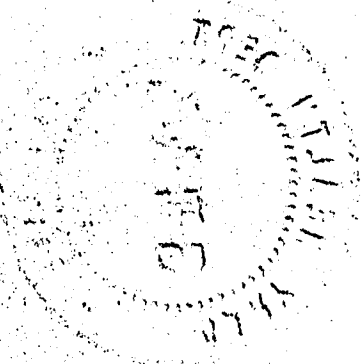
EMBALMER'S NAME: ANDREW SMITH  
FUNERAL DIRECTOR'S SIGNATURE: [Signature]  
LICENSE No. 1012356  
FUNERAL HOME LICENSE No. 1012356

778

INDIAN LAST  
L.O. RECORDED

FILED  
OCT 13 1987

103000



FILED

991 100

*James A. Helick*  
HEALTH COMMISSIONER

*James A. Helick, J.D.*  
HEALTH COMMISSIONER  
CITY OF GARY, IND.  
DATE OCT 8 1987