

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

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 INSTANT CAUSE STATING THE UNDERLYING CAUSE LAST

CAUSE

LICENSE No. 1012356

ANDREW SMITH

EMBALMER'S NAME

FUNERAL HOME LICENSE No. 1012356

FUNERAL DIRECTOR'S SIGNATURE

1 DECEASED—NAME FIRST T. Z. MIDDLE QUARLES LAST		SEX 2 MALE	DATE OF DEATH (MONTH DAY YEAR) 3 OCTOBER 3, 1987
4 RACE—(See How, Black, American Indian, etc.) BLACK	5a AGE—(Last Birthday) 70	5b UNDER 1 YEAR MO. DAYS	5c UNDER 1 DAY HOURS MINS
6 DATE OF BIRTH (Mo. Day Year) 3-8-17		7a COUNTY OF DEATH LAKE	
7b CITY, TOWN OR LOCATION OF DEATH MERRILLVILLE		7c HOSPITAL OR OTHER INSTITUTION—(Name if not in index, give street and number) BROADWAY METHODIST	
7d IF HOSP OR INST. (Specify DOA or Code on back of certificate)		7e	
8 STATE OF BIRTH (If not in U.S. name country) MISS.	9 CITIZEN OF WHAT COUNTRY US	10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify)	11 SURVIVING SPOUSE (If wife, give maiden name) OLYC THERKIELD
12 SOCIAL SECURITY NUMBER 304-22-8757		13 USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED	
14a RESIDENCE—STATE INDIANA		14b KIND OF BUSINESS OR INDUSTRY US STEEL	
15a RESIDENCE—COUNTY LAKE		15c CITY, TOWN OR LOCATION GARY	
15d STREET AND NUMBER 620 LINCOLN STREET		15e IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
15f INSIDE CITY LIMITS (Specify YES OR NO) YES		15g IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
16 FATHER—NAME FIRST JESSIE MIDDLE QUARELS LAST		17 MOTHER—MAIDEN NAME FIRST KITTY MIDDLE BLAKE LAST	
18a INFORMANT—NAME (Type or print) OLYC QUARLES - WIFE		18b MAILING ADDRESS (Street or R.F.D. No. City or Town State) 620 LINCOLN STREET GARY, INDIANA	
19a BURIAL, CREMATION, REMOVAL, OTHER (Specify) BURIAL		19b CEMETERY OR CREMATORY—FUNERAL HOME FERN-OAKS CEMETERY	
19c LOCATION (City or Town State) GRIFFITH, INDIANA		20a DATE (Month Day Year) OCTOBER 5, 1987	
20b FUNERAL HOME—NAME AND ADDRESS (Street or R.F.D. No. City or Town State, Zip) ANDREW SMITH F.H., 934 E. 21st. AVE. GARY, INDIANA		21a To the best of my knowledge, death occurred at the time, date and place and due to the causes stated. (Signature) Barbara R. Fuller, M.D.	
21b NAME OF ATTENDING PHYSICIAN (Type or Print)		21c DATE SIGNED (Mo. Day Year) 10/6/87	
21d MAILING ADDRESS—PHYSICIAN		21e HOUR OF DEATH 25 PM '87	
22a HEALTH OFFICER—SIGNATURE (Name) T. Ashwick, J. M.		22b DATE RECEIVED BY LOCAL HEALTH OFFICER OCT 7 1987	
23. CAUSE OF DEATH (List only one cause per line for (a), (b) and (c)) PART I (a) Aspiration pneumonia (b) Carcinoma of the Esophagus (c)		Interval between onset and death: 3 weeks 19 months	
PART II OTHER SIGNIFICANT CONDITIONS—(Conditions contributing to death but not related to cause given in PART I)		OCT 13 1987	
24 AUTOPSY (Specify Yes or No)		AUDITOR LAKE COUNTY	

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

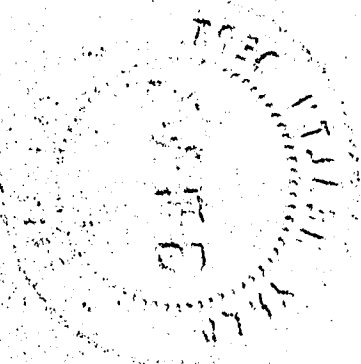
ANDREW M. ANTON
AUDITOR LAKE COUNTY

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INDIAN LAST
L.C. RECORDER

LOT 124B
RESUB GRAY LIND CO. 3RD SUB B118
44-141-11
46-128-27
46-543-15
L115 B119
OAK PK A14 L27 B111
Corrected Plat Marshall
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FILED

OCT 8 1987

James A. Helick
HEALTH COMMISSIONER

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