

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

Below for State Office Use

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CO'S 17th \$UB
BLOCK 9
KEY # 144-301 + 2B
CAMP CO'S 17th \$UB
BLOCK 9
KEY # 144-301 + 2B
CAMP CO'S 17th \$UB
BLOCK 9
KEY # 144-301 + 2B

985642

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

2915 Walnut Street
Ho 404
Frank R. Warner

Local No. 10

State No.

FUNERAL HOME
No. 248

FUNERAL DIRECTOR'S
LICENSE No. 1984

LICENSE No. 4260

DECEASED'S NAME
Ede Warner

FUNERAL DIRECTOR'S
NATURE
Edw Warner

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
OF DEATH
WHICH GAVE
RISE TO
IMMEDIATE
CAUSE
STATING THE
UNDERLYING
CAUSE LAST

CAUSE

DECEASED—NAME FIRST MIDDLE LAST FREDDIE M. MC MATH		SEX FEMALE	DATE OF DEATH (MONTH DAY YEAR) JANUARY 10, 1984
RACE AMER. BLK.	AGE—Last Birthday 50	DATE OF BIRTH (MONTH DAY YEAR) 18 APR. 1933	COUNTY OF DEATH LAKE
CITY/TOWN OR LOCATION OF DEATH EAST CHICAGO	HOSPITAL OR OTHER INSTITUTION ST. CATHERINE HOSPITAL	IF HOSP OR INST INPATIENT	
STATE OF BIRTH TENNESSEE	CITIZEN OF WHAT COUNTRY U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED 10 MARRIED	SURVIVING SPOUSE 11 FRANK A. MC MATH
SOCIAL SECURITY NUMBER 409-54-7621	USUAL OCCUPATION 14a HOUSEWIFE	KIND OF BUSINESS OR INDUSTRY 14b HOMEMAKER	
RESIDENCE—STATE INDIANA	COUNTY LAKE	CITY/TOWN OR LOCATION GARY	
STREET AND NUMBER 1172 HARRISON STREET	IS RESIDENCE ON A FARM? 15a YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	CITY LIMITS INDIANA 46307	
IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. 15b YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
FATHER—NAME 16 BERNIE SHELTON	MOTHER—MAIDEN NAME 17 SERVELURE MC KENZIE		
INFORMANT—NAME (If not at home) 18a FRANK A. MC MATH (HUSB.)	RELATIONSHIP 18b HUSB.	MAILING ADDRESS 18c 1172 HARRISON STREET GARY INDIANA 46407	
BURIAL, CREMATION, REMOVAL, OTHER 19a BURIAL	CEMETERY OR CREMATORY—FUNERAL HOME 19b EVERGREEN CEMETERY	LOCATION 19c HOBART INDIANA	
DATE 20a JANUARY 14, 1984	FUNERAL HOME—NAME AND ADDRESS 20b SMITH BIZZELL & WARNER, INC., 2295 WASH. ST., GARY, IND. 46407		
21a Signature <i>Salman Gailani</i>		21b FILED	21c HOUR OF DEATH
NAME OF ATTENDING PHYSICIAN (If not at home) 21d DR. S. GAILANI, M.D.		DATE RECEIVED BY LOCAL HEALTH OFFICER 22b 1-12-84	
MAILING ADDRESS—PHYSICIAN 21e 9116 COLUMBIA AVENUE MONSTER, INDIANA 46321		DATE RECEIVED BY LOCAL HEALTH OFFICER 22b 1-12-84	
HEALTH OFFICER—SIGNATURE 22a <i>C.A. Campagna</i> AUDITOR LAKE COUNTY		DATE RECEIVED BY LOCAL HEALTH OFFICER 22b 1-12-84	
IMMEDIATE CAUSE 23 Acute Myocardial Infarction		INTERVAL BETWEEN DEATH AND DEATH	
DUE TO OR AS A CONSEQUENCE OF		INTERVAL BETWEEN DEATH AND DEATH	
DUE TO OR AS A CONSEQUENCE OF		INTERVAL BETWEEN DEATH AND DEATH	
DUE TO OR AS A CONSEQUENCE OF		INTERVAL BETWEEN DEATH AND DEATH	
OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to causal chain in PART I 24 Advanced Metastatic Breast Cancer		AUTOPSY (Specify For or By)	

LILLIAN A. BLASTICK
REORDER, LAKE COUNTY,
CROWN POINT, INDIANA 46307

EAST CHICAGO
HEALTH DEPT

1/100