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Anna N. Antos
AUDITOR LAKE COUNTY

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LICENSE No. FDE 1016254

EMBALMER'S NAME: Sherman G. Banks III

FUNERAL DIRECTOR'S

FUNERAL DIRECTOR'S SIGNATURE: *Sherman G. Banks III*

LICENSE No. FDE 1016254

FUNERAL HOME

FUNERAL HOME
FDH 3002487

Key# 44-292-10
Gary Land Co's 10th sub L.10 BL.18
87-0549
Local No. 985758
INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

State No. _____

DECEASED—NAME Fred S. Randall		SEX Male		DATE OF DEATH (MONTH DAY YEAR) August 19, 1987	
RACE—(e.g. White, Black, American Indian or Alaskan) Amer. Blk.		AGE—(Last Birthday) 62		COUNTY OF DEATH Lake	
CITY, TOWN OR LOCATION OF DEATH Gary		HOSPITAL OR OTHER INSTITUTION Methodist Hospital Northlake Campus		IF HOSP OR INST (Specify DOA or type of institution) Inpatient	
STATE OF BIRTH (or state in U.S.A. if born in U.S.A.) Mississippi		CITIZEN OF WHAT COUNTRY U.S.A.		MARRIED NEVER MARRIED WIDOWED DIVORCED 10 Married	
SOCIAL SECURITY NUMBER 425-20-9908		USUAL OCCUPATION (Give kind of work done during most of working life. State Division) Retired Steelworker		SURVIVING SPOUSE (or wife, partner or other name) 11 Elizabeth Irma Currin	
USUAL RESIDENCE WHERE DECEASED LIVED IF DEATH OCCURRED IN INSTITUTION GIVE RESIDENCE BEFORE ADMISSION		RESIDENCE—STATE Indiana		CITY, TOWN OR LOCATION Gary	
RESIDENCE—COUNTY Lake		RIND OF BUSINESS OR INDUSTRY U.S. Steel Sheet & Tin		KIND OF BUSINESS OR INDUSTRY U.S. Steel Sheet & Tin	
STREET AND NUMBER 1141 Maryland Street		IS RESIDENCE ON A FARM? 15a YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INSIDE CITY LIMITS (Specify city or town) 15b YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. 15c YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		FATHER—NAME Fred Randall Sr.		MOTHER—MAIDEN NAME Anna	
INFORMANT—NAME (If not informant, relationship) 16a Elizabeth Randall (Wife)		MAILING ADDRESS 16b 1141 Maryland Street Gary, Indiana		CITY OR TOWN Gary, Indiana	
DISPOSITION 17a Burial		COUNTRY OR CREMATORY—FUNERAL HOME 17b Oakhill Cemetery		LOCATION 17c Gary, Indiana	
DATE (MONTH DAY YEAR) 18a August 22, 1987		FUNERAL HOME—NAME AND ADDRESS 18b Smith Bizzell & Warner, Inc., 2295 Wash. St., Gary, Ind. 46407		FUNERAL HOME—CITY OR TOWN (STATE ZIP) Gary, Indiana (46407)	
NAME OF ATTENDING PHYSICIAN 20a Dr. W.E. Mc Donald, M.D.		DATE SIGNED (M/D/Y) 20b 8-28-87		HOUR OF DEATH 20c 4:30 P	
MAILING ADDRESS—PHYSICIAN 21a 2200 Grant Street Gary, Indiana 46407		HEALTH OFFICER—SIGNATURE 22a <i>James T. Hedrick</i>		DATE RECEIVED BY LOCAL HEALTH OFFICER 22b SEP 1 1987	
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE (LAST)		(a) Pulmonary Embolism with Consolidation Left Lung		PROGRESSIVE	
CAUSE		(b) Deep Vein Thrombosis		over last 3 weeks	
OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not stated in cause (Specify in Part III)		(c) Old Carcinoma of Left Kidney @ Old Brain Tumor		AUTOPSY (Specify Yes or No) 24 Yes	

LILLIAN A. BLASTEK
 RECORDER LAKE COUNTY
 608 PH 88
 INDIANA 46407
 FILED IN RECORD

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WINDING UP WORK
James T. Hedrick

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APR 1 1900

882328

James T. Hedrick, J. M.
CERTIFIED COPY
HEALTH COMMISSION
CITY OF GARY, IND.
DATE APR 1 1900