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THIS IS A
PERMANENT
RECORD

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FILED

SEP 9 1988

Anna N. Antares
ADDRESS - TOWN - COUNTY

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996447

LICENSE No. FDE 1042607

EMBALMER'S NAME Ede Warner

FUNERAL HOME FDN 3002487
FUNERAL DIRECTOR'S LICENSE No. FDE 1042607
FUNERAL DIRECTOR'S LICENSE No.

Local No. 87-0418

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

State No. _____

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

DECEASED - NAME FIRST MIDDLE LAST Jarvis Ash			SEX Male	DATE OF DEATH (MONTH DAY YEAR) June 28, 1987	
RACE - (100% White, Black, American Indian or Alaskan, Other) Amer. Blk.		AGE - Last Birthday (Yr.) 54	UNDER 1 YEAR MO. DATE	UNDER 1 DAY HOURS MINS	DATE OF BIRTH (Mo. Day Yr.) 8 Aug. 1932
CITY, TOWN OR LOCATION OF DEATH Gary			HOSPITAL OR OTHER INSTITUTION - Name (if not in part 7c, give street and number) Methodist Hospital Northlake Campus		IF HOSP OR INST. specify DOA OR Inst. Am. (Specify) Inpatient
STATE OF BIRTH (If not in U.S. give name of country) Mississippi	CITIZEN OF WHAT COUNTRY U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED Married	SURVIVING SPOUSE (If wife give her name) Lula Cherrie McCall		WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yr. or Mo.) Yes
SOCIAL SECURITY NUMBER 433-40-7856		USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Retired Steelworker		KIND OF BUSINESS OR INDUSTRY U.S. Steel Big Mill	
RESIDENCE - STATE Indiana	COUNTY Lake	CITY, TOWN OR LOCATION Gary			
STREET AND NUMBER 2036 Hovey Street			IS RESIDENCE ON A FARM? 15e YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INSIDE CITY LIMITS (Specify Yr. or Mo.) 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 Ike Ash		MOTHER - MAIDEN NAME FIRST MIDDLE Rosie		17	
INFORMANT - NAME (Type or Print) Lula C. Ash (Wife)		RELATIONSHIP	MAILING ADDRESS (Street or R.F.D. No.) 2036 Hovey Street		CITY OR TOWN STATE ZIP Gary Indiana 46387
BURIAL CREMATION REMOVAL, OTHER (Specify) Burial		CEMETERY OR CREMATORY - FUNERAL HOME Fern Oaks Cemetery		LOCATION CITY OR TOWN STATE ZIP Griffith Indiana 46387	
DATE (MONTH DAY YEAR) July 3, 1987		FUNERAL HOME - NAME AND ADDRESS (Street or R.F.D. No. City or Town State ZIP) Smith Bizzell & Warner, Inc., 2295 Wash. St., Gary, Ind. 46387			20b
To the best of my knowledge, death occurred at the time, date, and place and due to the cause(s) stated. 21a (Signature) <i>Barbara Fuller, MD</i>			DATE SIGNED (Mo. Day Yr.) June 30, 1987	HOUR OF DEATH 21c	
NAME OF ATTENDING PHYSICIAN (Type or Print) 21d Dr. Barbara Fuller, M.D.					
MAILING ADDRESS - PHYSICIAN 521 East 86th Avenue Merrillville, Indiana 46410					
THE DECEASED'S SIGNATURE <i>James T. Hedrick, Jr.</i>			DATE RECEIVED BY LOCAL HEALTH OFFICER 22b JUL 1 1987		
IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) (a) Hepatic Failure					Interval between onset and death 1 week
DUE TO OR AS A CONSEQUENCE OF (b) Metastatic Adeno Carcinoma					Interval between onset and death 1 Month, 1 wee
DUE TO OR AS A CONSEQUENCE OF (c) #41-244-11 B.B. Heights Lt-11 Bl. 4					Interval between onset and death
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I (a) #49-447-36 Second add. to oak meadow Lt. 131 Cheadler 1st Add. #42-304-3 Lt. 3 Bl. 4					

SBH 06-003
REV. 10/77

State Form 35430

400

TE-2000

RECEIVED

JUL 1 1987

James T. Helwick, Jr.
HEALTH COMMISSIONER
CITY OF GARY, IND.
DATE JUL 1 1987