

ST  
LINE  
NE

Key 40-96-6  
40-96-7  
Local No. 69-1493

W. 35 FT. 07 E. 220 FT. 0 W.  
483 FT. 07 E. PT. NE SW S. 2 T 36 E. 9  
INDIANA STATE BOARD OF HEALTH

Marceline Young  
0709A  
39th July  
2080 46312  
State No. 0769A

MEDICAL CERTIFICATE OF DEATH

W 35F 07 E. 185 FT 07 W. 483 FT 07 E. 2 T 36 E 9  
DATE OF DEATH (MONTH, DAY, YEAR) 10/20/69

PERMANENT INK  
SEE HANDBOOK FOR  
INSTRUCTIONS

DECEASED—NAME FIRST MIDDLE LAST SEX  
Bernice Hughes, Female

FUNERAL HOME  
No. 250  
997564

RACE 4 Negro AGE—LAST BIRTHDAY (YEARS) 50 43 yrs. UNDER 1 YEAR MOB DAYS 5c UNDER 1 DAY HOURS MIN 5c DATE OF BIRTH (MONTH, DAY, YEAR) 5/9/26 COUNTY OF DEATH 7a Lake  
CITY, TOWN, OR LOCATION OF DEATH INSIDE CITY LIMITS (SPECIFY YES OR NO) 7c YES HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NO.) 7d Methodist Hospital

DECEASED 7b Gary STATE OF BIRTH (IF NOT IN U.S.A.) 8. Indiana CITIZEN OF WHAT COUNTRY 9. U. S. A. MARRIED  NEVER MARRIED  SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) 10. WIDOWED  DIVORCED  11. Charles Hughes

USUAL RESIDENCE WHERE DECEASED LIVED IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 12 310-22-2397 SOCIAL SECURITY NUMBER 13a Housewife USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) 13b HOUSEWIFE KIND OF BUSINESS OR INDUSTRY 13c

RESIDENCE—STATE 14a Indiana COUNTY 14b Lake CITY, TOWN OR LOCATION 14c Gary INSIDE CITY LIMITS (SPECIFY YES OR NO) 14d YES TOWNSHIP 14e Calumet

STREET AND NUMBER 14f 1740 Taft St. 14g WAS DECEASED EVER IN U.S. ARMED FORCES (YES, NO, OR UNKNOWN) (If yes, give war or dates of service) 14h YES  NO  15 RESIDENCE ON A FARM (YES, NO) 15a YES  NO

PARENTS FATHER—NAME FIRST MIDDLE LAST 15. Harvey Taylor MOTHER—MAIDEN NAME FIRST MIDDLE LAST 16. Margaret Burton

INFORMANT—NAME 17a Charles Hughes RELATIONSHIP 18 Husband MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE) 17. 1740 Taft St. Gary Ind

PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) APPROXIMATE TIME BETWEEN ONSET AND DEATH

FILED  
COMMON INDIANA  
WHICH GAVES TO  
IMMEDIATE CAUSE  
AT THE TIME OF  
LYING CAUSE LAST

18. IMMEDIATE CAUSE (a) *MI - sub a cerebral hemorrhage* 18a 16 min  
(b) *intoxicated by alcohol* 18b 20 hrs  
(c) *Alcohol intoxication, continue with renal involvement* 18c 5 years

CAUSE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE AUTOPSY IF YES  NO  19a. IF YES, WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH 19b. YES  NO

SEP 15 1988

AUDITOR—NAME DATE & TIME OF DEATH MONTH DAY YEAR HOUR DATE SIGNED MONTH DAY YEAR  
Dana N. Anton 10 23 69

PHYSICIAN—NAME (TYPE OR PRINT) LAST IN ATTENDANCE 21a. SIGNATURE OF PHYSICIAN (DEGREE OR TITLE) 21b. MAILING ADDRESS—PHYSICIAN STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP

DISPOSITION 23. BURIAL, CREMATION, REMOVAL (SPECIFY) 24a. Burial CEMETERY, CREMATORY, FUNERAL HOME 24b. Oak Hill Cemetery LOCATION 24c. Gary, Indiana CITY OR TOWN STATE 76

DATE (MONTH, DAY, YEAR) 24d. October 24, 1969 FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 25a. Guy and Allen F.D., 2205 Wash. St. Gary, Indiana 46407

HEALTH OFFICER—SIGNATURE 25b. P.J. Rosenbloom MD. DATE RECEIVED BY LOCAL HEALTH OFFICER 26b. OCT 23 1969

25a. 25b. 26b. 26c. 26d.

LILLIAN A. BLASTICK  
RECORDER, LAKE COUNTY  
CROWN POINT, INDIANA 46607  
FILED  
OCT 23 1969  
5:15 PM '69

LICENSE No. 5169  
FUNERAL DIRECTOR'S  
LICENSE No. 2097

EMBALMER'S NAME  
FUNERAL DIRECTOR'S  
SIGNATURE  
*Lillian A. Blastick*

*Holl*

201001

CERTIFIED COPY

*James T. Hedrick, Jr. M.D.*

HEALTH COMMISSIONER  
CITY OF GARY, IND.

DATE SEP 14 1988