

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

Law for State Office Use

Key # 47-415-5  
Waiver 14 Park 4.5 Bl. 6

Disposition Permit  
Issued / /  
Provisional  
Certificate  
 Yes  No

EMBALMER'S NAME Roosevelt Allen

LICENSE No. 5170

FUNERAL DIRECTOR'S  
SIGNATURE *Roosevelt Allen*

FUNERAL DIRECTOR'S  
LICENSE No. 270

FUNERAL DIRECTOR'S  
LICENSE No. 270

FUNERAL HOME  
No. 770

Local No. 80 0742

DECEASED

PARENTS

DISPOSITION

M.D.  
OR  
D.O.

CONDITIONS  
IF ANY  
MORCH GAVE  
WHICH TO  
STATE  
CAUSE  
STATING THE  
UNDERLYING  
CAUSE LAST

CAUSE

100 085674  
80 0742

INDIANA STATE BOARD OF HEALTH  
MEDICAL CERTIFICATE OF DEATH

Mable, Morrow  
760 Inez St. Gary  
State No. 46104

DECEASED - NAME <b>Robert Lee Morrow</b>		SEX <b>Male</b>	DATE OF DEATH (MONTH DAY YEAR) <b>Sept. 9, 1980</b>
RACE <b>Black</b>	AGE - Sex (Years) <b>48</b>	DATE OF BIRTH (MO. DAY YR.) <b>9/1/1932</b>	COUNTY OF DEATH <b>Lake</b>
CITY, TOWN OR LOCATION OF DEATH <b>Gary</b>		HOSPITAL OR OTHER INSTITUTION - (Name if not in other area and number) <b>Methodist Hospital</b>	IF HOSP OR INST. Indiana BOA UP 1 use this space (App. 4) <b>Inp.</b>
STATE OF BIRTH (MO. DAY YR.) <b>Tenn.</b>	CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	SURVIVING SPOUSE (if wife give maiden name) <b>Elaine Fryar</b>
SOCIAL SECURITY NUMBER <b>409-40-4849</b>	USUAL OCCUPATION (Specify) <b>Supervisor</b>	KIND OF BUSINESS OR INDUSTRY <b>U.S. Steel Corp.</b>	
RESIDENCE - STATE <b>Indiana</b>	CITY, TOWN OR LOCATION <b>Lake Gary</b>	IS RESIDENCE ON A FARM? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	INSIDE CITY LIMITS (Specify YES or NO) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
STREET AND NUMBER <b>2676 Fillmore St.</b>			
IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
FATHER - NAME <b>James Morrow</b>	MOTHER - MARDEN NAME <b>Mable</b>	STATE OF BIRTH <b>Indiana</b>	
INFORMANT - NAME (Type or Print) <b>Elaine Morrow</b>	MAILING ADDRESS <b>2676 Fillmore St.</b>	CITY OR TOWN <b>Gary</b>	STATE <b>Indiana</b>
BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Burial</b>	CEMETERY OR CREMATORY - FUNERAL HOME <b>Evergreen Cemetery</b>	LOCATION <b>Hobart, Indiana</b>	STATE <b>Indiana</b>
DATE (MONTH DAY YEAR) <b>9/13/80</b>	FUNERAL HOME - NAME AND ADDRESS <b>Guy &amp; Allen Funeral Directors 2959 W. 11th Ave. Gary, Ind.</b>	STREET OR P.O. NO., CITY OR TOWN, STATE, ZIP	
To the best of my knowledge, each item of the foregoing is true and correct to the best of my knowledge. <input checked="" type="checkbox"/> (Signature) <i>B. F. Grant</i>		DATE SIGNED (MO. DAY YR.) <b>9-12-80</b>	HOUR OF DEATH <b>M</b>
NAME OF ATTENDING PHYSICIAN (Type or Print) <b>B. F. Grant, M.D. &amp; Assoc. Inc.</b>		316	
MAILING ADDRESS - PHYSICIAN <b>3195 Broadway, Gary, Indiana 46409</b>		316	
HEALTH OFFICER - SIGNATURE <i>R. N. Caldwell, M.D.</i>		DATE RECEIVED BY LOCAL HEALTH OFFICE <b>SEP 15 1980</b>	
23 IMMEDIATE CAUSE (LIST ONLY ONE CAUSE IN LINE 1, 2, 3, 4 AND 5) <b>Ruptured Abdominal Aneurysm</b>		<b>FILED</b>	
24 (a) DUE TO OR AS A CONSEQUENCE OF <b>Hypertensive Cardiovascular Disease</b>		<b>FEB 22 1980</b>	
24 (b) DUE TO OR AS A CONSEQUENCE OF <b>Cholelithiasis</b>		24	
24 (c) OTHER SIGNIFICANT CONDITIONS - (Conditions contributing to death but not related to those given in PART I)		24	

*James R. Carter*  
ALBION LAKE COUNTY

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001090

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CERTIFIED BY:

*Alvina E. [Signature]*

HEALTH COMMISSIONER  
CITY OF SPARLAND

DATE FEB. 21 1980

*Handwritten notes at the bottom left of the page.*