

TYPE OR PRINT
 PLA: LY WITH
 UNIFORMING INK
 THIS IS A
 PERMANENT
 RECORD

Below for State Office Use

09286678,0006

PERMANENT INK
 SEE INSTRUCTIONS FOR
 INSTRUCTIONS

INDIANA STATE BOARD OF HEALTH
 MEDICAL CERTIFICATE OF DEATH

East Chicago Lid Development
 4426 La Roper Dr.
 East Chicago, IN 46312
 State No. 11312

Michigan Ave
 #30453-PALE
 970
 1785
 1980
 Cation
 CLYTON A. WILLIAMS
 JOHN R. WILLIAMS
 FURNERAL DIRECTOR'S SIGNATURE

FURNERAL HOME
 FURNERAL DIRECTOR'S LICENSE
 FURNERAL HOME LICENSE

1. DECEASED—NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH, DAY, YEAR)
DANIEL				SIMS	MALE	1-1-1978
2. RACE	AGE—LAST BIRTHDAY (YEARS)	UNDER 1 YEAR	1 YEAR	5 YEARS	DATE OF BIRTH (MONTH, DAY, YEAR)	COUNTY OF BIRTH
4. NEGRO	82	MO	DA	SI	2-28-1895	LAKE
3. CITY, TOWN, OR LOCATION OF DEATH		INSIDE CITY LIMITS (INSPECT YES OR NO)		HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)		
7b. GARY		YES		ST. MARY'S MEDICAL CENTER		
8. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)		CITIZEN OF WHAT COUNTRY		MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)		
9. ALA. U.S.A.		U.S.A.		WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> II. VENNIE PURNELL		
10. SOCIAL SECURITY NUMBER		USUAL OCCUPATION (IF KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)		KIND OF BUSINESS OR INDUSTRY		
12. 312-09-3461		LABORER		13b. CHEMICAL		
11. RESIDENCE WHERE DECEASED (IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)		CITY, TOWN, OR LOCATION		HUSBANDSHIP		
14a. IND. LAKE		GARY		14b. YES		
14c. LAKE		GARY		14d. YES		
15. FATHER—NAME		MOTHER—NAME		16. WAS DECEASED ENTERED IN U.S. ARMED FORCES (YES, NO, OR UNK. STATUS) (IF YES, GIVE UNIT OR STATUS OF SERVICE)		
FRANK SIMS		CARRIE PERSON		17. NO		
15. INFORMANT—NAME		RELATIONSHIP		MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)		
VENNIE SIMS		17b. WIFE		2640 WASHINGTON ST. GARY, IND.		
17a. PART I DEATH WAS CAUSED BY:		[ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]				APPROPRIATE INTERVAL BETWEEN ONSET AND DEATH
17b. IMMEDIATE CAUSE		(a) Cerebral hemorrhage				
DUE TO, OR AS A CONSEQUENCE OF:		(b) Cerebral vascular accident with left hemiparesis				
17c. CONDITIONS IF ANY, WHICH MAY BE USEFUL TO IMMEDIATE CAUSE (a), (b), OR (c) LISTING CAUSE LAST		(c) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE				
GIVEN IN PART I (a)		AUTOPSY YES <input type="checkbox"/> NO <input type="checkbox"/>				IF YES, WERE FINDINGS CONSIDERED IN THE DETERMINING CAUSE OF DEATH? YES <input type="checkbox"/> NO <input type="checkbox"/>
DATE & TIME OF DEATH		MONTH		DAY		YEAR
1-1-1978		1		1		1978
PHYSICIAN'S NAME (TYPE OR PRINT)		SIGNATURE OF PHYSICIAN		PHYSICIAN'S LICENSE NO.		
27a. DAVID U. CHUBE, M.D.		[Signature]		4687		
27b. MAILING ADDRESS—PHYSICIAN		STREET OR R.F.D. NO.		CITY OR TOWN		
27c. 1640 WASHINGTON		ST. GARY, IND.		IND.		
28. BURIAL, CREMATION, REMOVAL (SPECIFY)		CITY OR TOWN		STATE		
28a. B. RIAL		28b. FERN OAKS CEMETERY		28c. GRIFFITH, IND.		
29. DATE (MONTH, DAY, YEAR)		HOSPITAL (NAME AND ADDRESS)		CITY OR TOWN, STATE, ZIP		
1-6-1978		HINTON WILLIAMS 4859 ALEXANDER AVE. EAST CHICAGO, IND.		IND.		
29b. SIGNATURE		DATE		STATE		
[Signature]		JAN 6 1978		IND.		
30. STATE HEALTH OFFICER'S SIGNATURE		DATE		STATE		
[Signature]		JAN 6 1978		IND.		



Disposition Permit
 Issued / /
 Provisional Certificate
 Yes No

09286678,0006

4687
 JAN 6 1978
 [Signature]



HEALTH COMMISSIONER
CITY OF GARY, IND.

DATE MAR. 15 1990