P.O. BOX M 591
GARY, 46401

16672

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

093703

Local No. 954-87

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

State No. 000320

FUNERAL HOME No. 001203560

Below for State Office Use

A B C D E F G H I J K L 1 2 3 4 5 6 7 8 9 10 11 12

THIS CERTIFIES THE ABOVE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPT.

LAKE COUNTY HEALTH COMMISSIONER

LICENSE No. 1012357

FUNERAL DIRECTOR'S LICENSE No. 1012357

EMBALMER'S NAME ANDREW SMITH

FUNERAL DIRECTOR'S SIGNATURE

Document is NOT OFFICIAL! This Document is the property of the Lake County Recorder! STOP

DECEASED

Field	Entry
1. Deceased—Name (First, Middle, Last)	JOSEPHINE THOMAS
2. Sex	FEMALE
3. Date of Death	MAY 5, 1987
4. Race	BLACK
5a. Age—Last Birthday (Yrs)	62
5b. Under 1 Year (Mos, Days)	
5c. Under 1 Day (Hours, Mins)	
6. Date of Birth	9-26-24
7a. County of Death	LAKE
7b. City, Town or Location of Death	MERRILLVILLE
7c. Hospital or Other Institution	SOUTHLAKE METHODIST
7d. If Hosp. or Inst. Indicate DOA, OP/Emer. Rm., Inpatient	
8. State of Birth	MO.
9. Citizen of What Country	US
10. Married, Never Married, Widowed, Divorced	WIDOWED
11. Surviving Spouse	
12. Was Decedent Ever in U.S. Armed Forces?	NO
13. Social Security Number	303-56-6929
14a. Usual Occupation	UNEMPLOYED
14b. Kind of Business or Industry	

USUAL RESIDENCE

Field	Entry
15a. Residence—State	INDIANA
15b. County	LAKE
15c. City, Town or Location	GARY
15d. Street and Number	2058 RHODE ISLAND STREET
15e. Is Residence on a Farm?	NO
15f. Inside City Limits?	YES
15g. Is Deceased of Spanish Descent?	NO

PARENTS

Field	Entry
16. Father—Name	(UNKNOWN)
17. Mother—Maiden Name	MAMIE ROWAN

Field	Entry
18a. Informant—Name, Relationship	JAMES THOMAS-SON
18b. Mailing Address	2058 RHODE ISLAND STREET GARY, IND. 46407

DISPOSITION

Field	Entry
19a. Burial, Cremation, Removal, Other	CREMATION
19b. Cemetery or Crematory—Funeral Home	OAKHILL CEMETERY
19c. Location	GARY, INDIANA
20a. Date	MAY 5, 1987
20b. Funeral Home—Name and Address	ANDREW SMITH F.H. 934 E. 21ST. AVE. GARY, IND. 46407

M.D. OR D.O.

Field	Entry
21a. To the best of my knowledge death occurred at the time, date and place and due to the cause(s) stated (Signature)	Barbara A. Fuller
21b. Date Signed	May 12, 1987
21c. Hour of Death	M
21d. Name of Attending Physician	
21e. Mailing Address—Physician	
22a. Health Officer—Signature	James N. Aaton
22b. Date Received by Local Health Officer	5/14/87

FILED APR 05 1990

ROBERT T. ... RECORDER

STATE OF INDIANA S.S. No. LAKE COUNTY FILED FOR RECORD 5 12 23 PM '90

CAUSE

23. PART I

	Immediate Cause	Interval between onset and death
(a)	Metastatic Colon Cancer	9 Months
(b) Due to or as a consequence of		
(c) Due to or as a consequence of		

PART II Other Significant Conditions

24. Autopsy

SBH 06-003 REV.10/77 State Form 35430

400