

094041

TYPE OR PRINT
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PERMANENT
RECORD

Local No. 85-0660

INDIANA STATE BOARD OF HEALTH CORONER'S CERTIFICATE OF DEATH

State No.

Flow for State Office Use

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Disposition Permit
issued / /

Provisional
Certificate
 Yes No

FUNERAL HOME
No. 1231
LICENSE No. 1231
FUNERAL DIRECTOR'S
LICENSE No. 1231
EMBALMER'S NAME
FUNERAL DIRECTOR'S
SIGNATURE

TYPE OR PRINT IN PERMANENT INK FOR INSTRUCTIONS SEE HANDBOOK

DECEASED

DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

PARENTS

DISPOSITION

CERTIFIER

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

CAUSE

DECEASED—NAME 1. LUTHER CROSBY JR.		SEX 2. MALE	DATE OF DEATH (MONTH, DAY, YEAR) 3. OCTOBER 15, 1985
RACE—(1) White, Black, American Indian, etc. (Specify) 4. BLACK	AGE—Last Birthday (Year) 5a. 40	UNDER 1 YEAR MOE DATE UNDER 1 DAY HOURS MINES 6. 11-3-44	COUNTY OF DEATH 7a. LAKE
CITY, TOWN OR LOCATION OF DEATH 7b. GARY		HOSPITAL OR OTHER INSTITUTION—Name (if not in author, give street and number) 7c. 514 S: WAYNE STREET	
STATE OF BIRTH (if not in U.S.A. country) 8. MISSISSIPPI	CITIZEN OF WHAT COUNTRY 9. US	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 10. MARRIED	SURVIVING SPOUSE (if wife, give maiden name) 11. BETTY HARRIS
SOCIAL SECURITY NUMBER 12. 425-90-3529		USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	KIND OF BUSINESS OR INDUSTRY 14b. ROBERTSON
RESIDENCE—STATE 15a. INDIANA	COUNTRY 15b. LAKE	CITY, TOWN OR LOCATION 15c. GARY	IF HOSP. OR INST. Indicate DOA (If under 1 yr., indicate (Specify) 14. NO
STREET AND NUMBER 16. 514 S: WAYNE STREET		IS RESIDENCE ON A FARM? 15d. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No) 12. NO
FATHER—NAME FIRST MIDDLE LAST 10. LUTHER CROSBY SR.		MOTHER—MAIDEN NAME FIRST MIDDLE LAST 17. MARY (UNKNOWN)	
INFORMANT—NAME RELATIONSHIP 18. BETTY CROSBY—WIFE		MAILING ADDRESS STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP 18b. 1906 ROCHELLE AVENUE FORRESTVILLE, MARYLAND 20747	
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a. BURIAL		CEMETERY OR CREMATORIUM—Name and address LOCATION CITY OR TOWN STATE 19b. EVERGREEN PARK HOBART, INDIANA	
DATE (MONTH, DAY, YEAR) 20a. OCTOBER 22, 1985		FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 20b. ANDREW SMITH F.H. 934 E. 21ST. AVENUE GARY, INDIANA	
On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place, and due to the causes stated		DATE SIGNED (Mo., Day, Yr.) 10/23/85	HOUR OF DEATH 21c. 8:00 P.
21a. Signature <i>Daniel D. Thomas</i>		21d. ON 10/15/85	21e. AT
NAME AND ADDRESS OF CERTIFIER (Type or Print) 21i. DANIEL D. THOMAS, M.D., 2293 NORTH MAIN ST., CROWN POINT, IN. 46307		DATE RECEIVED BY LOCAL HEALTH OFFICER 22b. OCT 24 1985	
HEALTH OFFICER—SIGNATURE 22a. <i>[Signature]</i>		22c. 10/23/85	
PART I (a) IMMEDIATE CAUSE Moderate coronary artery disease; Marked cardiomegaly		Interval between onset and death	
(b) DUE TO, OR AS A CONSEQUENCE OF with pericardial effusion; Hepatomegaly; Splenomegaly		Interval between onset and death	
(c) DUE TO OR AS A CONSEQUENCE OF		Interval between onset and death	
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (E)		AUTOPSY (Specify Yes or No) 24. Yes	
ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify) 25a. Natural	DATE OF INJURY (Mo., Day, Yr.) 25b.	HOUR OF INJURY 25c. M	DESCRIBE HOW INJURY OCCURRED 25d.
INJURY AT WORK (Specify Yes or No)	PLACE OF INJURY—At home, farm, school, factory, office building, etc. (Specify) 25f.	LOCATION 25g.	CITY OR TOWN STATE 4.00

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STOP



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**HEALTH COMMISSIONER
CITY OF GARY, IND.**
DATE **OCT 24 1985**