

591-NPL

INDIANA STATE BOARD OF HEALTH
DEPARTMENT OF HEALTH SERVICES
MEDICAL CERTIFICATE OF DEATH

Local No. 59-114

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

1. NAME OF HEALTH COUNTY Lake		2. COUNTY RESIDENCY Indiana	
3. CITY, TOWN, OR LOCATION Gary		4. CITY, TOWN, OR LOCATION Indiana	
5. NAME OF HOSPITAL OR INSTITUTION Mercy Hospital		6. STREET ADDRESS Rd. 2 Crown Point Box 53	
7. PLACE OF DEATH (INSIDE CITY LIMITS)		8. IS RESIDENCE (INSIDE CITY LIMITS)	
9. TIME OF DEATH (Type or print) Charles C Hall		10. TIME OF DEATH Jan 21, 1959	
11. SEX Male		12. DATE OF BIRTH Sept 19, 1911	
13. RACE White		14. BIRTHPLACE (Name or foreign country) East St. Louis, Ill	
15. OCCUPATION (Give kind of work done during most of life. If deceased during last 6 months of life, give occupation at time of death) Erecting Scaffolding		16. USAR (If present) 47	
17. DECEASED'S NAME Charles C Hall		18. DECEASED'S MAIDEN NAME Alva Comb	
19. Was deceased ever in U.S. armed forces? no		20. SMALL OBJECTS NO. Marie Hall	
21. INFORMANT'S ADDRESS RR 2 Crown Point (Box 53) Indiana		22. RELATIONSHIP TO DECEASED wife	
23. CAUSE OF DEATH (State only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) <i>Heart attack</i>		24. INSTANT CAUSE OF UNLIT AND UNLIT 1-21-59	
PART II OTHER REASONS (List them on separate lines if more than one) (b) <i>Leading to death by a gas stove</i> (c) <i>Heart attack</i>		25. INSTANT CAUSE OF UNLIT AND UNLIT 1-21-59	
26. ACCIDENT, SUICIDE, HOMICIDE, OR OTHER UNUSUAL CIRCUMSTANCES OCCURRED. (Describe nature of injury in Part I or Part II of item 23)			
27. TIME OF INJURY 1-21-59			
28. INJURY OCCURRED WHILE AT WORK yes			
29. ATTENDING PHYSICIAN: I certify that I attended the deceased from 1-21-59 and last saw him alive on 1-21-59. (Check occurred in the evening) P.M. (C.S.T.) on the date stated above, and to the best of my knowledge, from the manner stated.			
30. SIGNATURE OF ATTENDING PHYSICIAN OR HEALTH OFFICER <i>Richard L. Lavelle MD</i>		31. HEALTH OFFICER: I certify that I investigated cause of death of deceased and that death occurred on 1-23-59 (C.S.T.) from cause stated and on above date.	
32. SIGNATURE OF ATTENDING PHYSICIAN OR HEALTH OFFICER <i>Richard L. Lavelle MD</i>		33. ADDRESS <i>11111 S. ...</i>	
34. DATE OF REMOVAL (Specify) burial Jan 25, 1959		35. NAME OF CEMETERY OR CREMATORY Linwood Cemetery	
36. HEALTH OFFICER 1-23-59 <i>Rosemary</i>		37. LOCATION Flora, Ill	

MORBERT J. GEISER
DECEASED'S NAME
LICENSE NO. 1174
FEDERAL DIRECTOR'S LICENSE NO. 366

Key # 13-129-3,445
Richard Alway Deed to B. 445

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

STOP

RECORDED
APR 1 1960
SEAL
INDIANA

001152



CERTIFIED BY:

Alvera E. Foster

HEALTH COMMISSIONER
CITY OF GARY, IND.

DATE APR. 3 1990

52100