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096600

Local No. 85-0461

INDIANA STATE BOARD OF HEALTH
CORONER'S CERTIFICATE OF DEATH

State No. CAP 110
46402

RESOR GARY CHAD CO S 3RD SUB
622 BK 17
150-29

FUNERAL HOME No. 248
FUNERAL DIRECTOR'S LICENSE No. 1625
EMBALMER'S NAME Sherman G. Banks III
FUNERAL DIRECTOR'S SIGNATURE *Sherman G. Banks*

TYPE OR PRINT IN PERMANENT INK FOR INSTRUCTIONS SEE HANDBOOK
RELEASED
IF DEATH OCCURRED IN INSTITUTION, SEE NUMERICAL RECAPTURE COMPLETION OF RESOURCES PAGE

DECEASED—NAME FIRST MIDDLE LAST Paris Bush, Jr.		SEX Male	DATE OF DEATH (MONTH DAY YEAR) July 24, 1985
RACE—(a) White (b) Neg. (c) Amer. Indian, etc. (Specify) 4 Amer. Blk.	AGE—Last Birthday (M Y D) 43	UNDER 1 YEAR M/D/Y	UNDER 1 DAY M/D/Y
CITY, TOWN OR LOCATION OF DEATH 7a Gary		HOSPITAL OR OTHER INSTITUTION—Name (If not at 7a or give street and number) 7b U.S. Steel Infirmary	
STATE OF BIRTH (If not in U.S. name country) Mississippi	CITIZEN OF WHAT COUNTRY U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED 10 Married	SURVIVING SPOUSE (If wife give maiden name) 11 Rose Lee Chaney
SOCIAL SECURITY NUMBER 13 312-42-6179	USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 14a Steelworker	KIND OF BUSINESS OR INDUSTRY 14b U.S. Steel Big Mill	
RESIDENCE—STATE 18a Indiana	COUNTY 18b Lake	CITY, TOWN OR LOCATION 18c Gary	
STREET AND NUMBER 15c 360 Lincoln Street		IS RESIDENCE ON A FARM? 19a YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
16 DECEASED OF SPANISH DESCENT? (If YES SPECIFY MEXICAN, CUBAN, PUERTO-RICAN, ETC.) 16a YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
FATHER—NAME 16 Paris Bush, Sr.		MOTHER—MAIDEN NAME 17 Rachael Nelson	
INFORMANT—NAME RELATIONSHIP 18 Rose L. Bush (Wife)		MAILING ADDRESS 18b 360 Lincoln Street	CITY OR TOWN STATE ZIP 18c Gary Indiana 46406
DISPOSITION 19a Burial		CEMETERY OR CREMATORY—FUNERAL HOME 19b Oakhill Cemetery	LOCATION CITY OR TOWN STATE 19c Gary Indiana
DATE (MONTH DAY YEAR) 20a July 27, 1985		FUNERAL HOME—NAME AND ADDRESS 20b Smith Bizzell & Warner, Inc., 2295 Wash. St., Gary, Ind. 46404	
CERTIFIER 21a <i>Daniel D. Thomas, M.D.</i> NAME AND ADDRESS OF CERTIFIER (Type or Print) 21b Dr. Daniel D. Thomas, M.D., 2293 No. Main Street, Crown Point, Indiana, 46307		DATE SIGNED (Mo., Day, Yr.) 21c 7/25/85	HOUR OF DEATH 21d M
HEALTH OFFICER—SIGNATURE 22a <i>Daniel D. Thomas</i>		DATE RECEIVED BY LOCAL HEALTH OFFICER 22b JUL 26 1985	
CAUSE 23. IMMEDIATE CAUSE (GIVE ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) PART I (a) Severe coronary artery disease, Marked cardiomegaly with Undetermined DUE TO OR AS A CONSEQUENCE OF (b) left ventricular aneurysm & pericardial effusion. Old DUE TO OR AS A CONSEQUENCE OF (c) Myocardial infarction.			
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)		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) 25e	PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 25f	LOCATION 25g	CITY OR TOWN STATE 25h

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HEALTH COMMISSIONER
CITY OF GARY, IND.

DATE

JUL 26 1985