

10+3 Oct.

John H. Hall 1937 7110 Chicago
State No. 221488 Gary 46407

Local No. 86-0208

INDIANA STATE BOARD OF HEALTH CORONER'S CERTIFICATE OF DEATH

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

097283

FUNERAL HOME
770

FUNERAL DIRECTOR'S
659

LICENSE No. 5170

Embalmer's Name
Roosevelt Allen

FUNERAL DIRECTOR'S
SIGNATURE
L. Allen

TYPE OR PRINT IN
PERMANENT
INK
INSTRUCTIONS
SEE
HANDBOOK

DECEASED

IF 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 James Edward Gates		SEX 2 Male	DATE OF DEATH (MONTH DAY YEAR) 3 March 25, 1986
RACE—(a) White, Black, American Indian, etc. (Specify) 4 Black	AGE—Last Birthday (Mo.) 5a 61	UNDER 1 YEAR 5b MO. DATE	UNDER 1 DAY 5c HOURS MIN.
CITY, TOWN OR LOCATION OF DEATH 6a Gary		DATE OF BIRTH (Mo. Day Yr.) 6b 10/14/24	COUNTY OF DEATH 7a Lake
CITY, TOWN OR LOCATION OF DEATH 7a 1517 East 19th Avenue		IF HOSP OR INST. (Specify) 7d	
STATE OF BIRTH (If not in U.S. & name country) 8 Miss	CITIZEN OF WHAT COUNTRY 9 U.S.A.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 10 Married	SURVIVING SPOUSE (If wife, give maiden name) 11 Ressie Standfield
SOCIAL SECURITY NUMBER 12 425-34-1547		USUAL OCCUPATION (Give kind of work done during most of life, or over 6 months) 13a Mechanic	KIND OF BUSINESS OR INDUSTRY 13b U.S. Steel (Big Mill)
RESIDENCE—STATE 14a In.	COUNTY 14b Lake	CITY, TOWN OR LOCATION 14c Gary	IF DECEASED EVER IN U.S. ARMED FORCES? (Specify Yes or No) 12 Yes
STREET AND NUMBER 15a 1517 East 19th Avenue		IS RESIDENCE ON A FARM? 15b YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	INSIDE CITY LIMITS (Specify Yes or No) 16a Yes
IS DECEASED OF SPANISH DESCENT? (YES SPECIFY CUBAN, PUERTO RICAN, ETC.) 16b YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
FATHER—NAME 17a Erskine Gates		MOTHER—MAIDEN NAME 17b Mary E. Bogan	
INFORMANT—NAME 18a Ressie Gates - Wife		RELATIONSHIP 18b	MAILING ADDRESS 18c 1517 East 19th Ave. Gary, In.
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a Burial		CEMETERY OR CREMATORY—FUNERAL HOME 19b Oak Hill	LOCATION 19c Gary, In.
DATE (MONTH, DAY, YEAR) 20a March 29, 1986		FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 20b Guy & Allen Funeral Directors, Inc. 2959 W. 11th Ave. Gary, In.	
On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) stated.		DATE SIGNED (Mo., Day Yr.) 21b 3/27/86	HOUR OF DEATH 21c
21a. Signature NAME AND ADDRESS OF CERTIFIER (Type or Print) 21c DANIEL D. THOMAS, M.D., 2293-NORTH MAIN ST., CROWN POINT, IN. 46307		PRONOUNCED DEAD (Mo., Day Yr.) 21d ON 3/25/86	PRONOUNCED DEAD (Place) 21e AT 1:06 A.M. M
HEALTH OFFICER—SIGNATURE 22a		DATE RECEIVED BY LOCAL HEALTH OFFICER 22b MAR 31 1986	
IMMEDIATE CAUSE PART I (a) Myocardial infarction		Interval between onset and death Undetermined	
DUE TO, OR AS A CONSEQUENCE OF: (b) Due to atherosclerotic heart disease; Morbid exogenous obesity.		Interval between onset and death	
DUE TO OR AS A CONSEQUENCE OF: (c)		Interval between onset and death	
OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a) PART II		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	STREET OR R.F.D. NO. CITY OR TOWN STATE 25h

1591651

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STOP



STATE OF INDIANA
APR 2 11 18 AM '86
FILED
RECORDED

46407

Disposition Permit Issued
Provisional Certificate
 Yes No

201103



RECORDED & INDEXED
MAR 31 1986