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J. J. CRAUSE
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 LOT 79 E 1/2 LOT 6 BLK 10 RESUB 8 CHATELAIN'S TRACT
 GENERAL DIRECTOR'S LICENSE No.

| INDIANA STATE BOARD OF HEALTH | | | | | | | | | |
|--|--|--|--|---|--|---|--|---|--|
| HEALTH OFFICER'S CERTIFICATE OF DEATH | | | | | | | | State No. | |
| Local No. 71 1709 | | PERMANENT INK DECEASED—NAME | | | | | | DATE OF DEATH (MONTH, DAY, YEAR) | |
| 1. Benton H. Crosslin | | FIRST MIDDLE LAST | | SEX | | 2. Male | | 3. November 30, 1971 | |
| FOR INSTRUCTIONS REFER TO THE PHYSICIAN'S, FUNERAL DIRECTOR'S AND MEDICAL EXAMINER'S/CORONER'S HANDBOOK. | | 4. white | | 5a. 60 | | 5b. 60 | | 6. 6-14-1911 | |
| RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY) | | AGE—LAST BIRTHDAY (YEARS) | | UNDER 1 YEAR MOS. DAYS | | UNDER 1 DAY, HOURS MIN. | | DATE OF BIRTH (MONTH, DAY, YEAR) | |
| 7b. Gary | | 7c. yes | | 7d. Methodist Hospital | | 7e. Lake | | 7f. Lake | |
| CITY, TOWN, OR LOCATION OF DEATH | | INSIDE CITY LIMITS (SPECIFY YES OR NO) | | HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) | | | | | |
| DECEASED | | 8. Tennessee | | 9. Document is Married | | 11. Georgia Mae Boger | | | |
| STATE OF BIRTH (IF NOT IN U.S.A. NAME COUNTRY) | | CITIZEN OF WHAT COUNTRY | | MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) | | SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) | | | |
| 12. 411-12-5148 | | 13a. RR - Locomotive Engr. | | 13b. Ind. Harbor Belt Railroad Co. | | | | | |
| SOCIAL SECURITY NUMBER | | USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) | | KIND OF BUSINESS OR INDUSTRY | | | | | |
| 14a. Indiana | | 14b. East Gary | | 14c. yes | | 14d. Hobart | | 14e. Hobart | |
| USUAL RESIDENCE WHERE DECEASED LIVED; IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION. | | RESIDENCE—STATE COUNTY | | CITY, TOWN OR LOCATION | | INSIDE CITY LIMITS (SPECIFY YES OR NO) | | TOWNSHIP | |
| 14f. 3848 Revere Ct. | | 14g. Revere Ct. | | 14h. Revere Ct. | | 14i. Revere Ct. | | 14j. Revere Ct. | |
| 14k. Revere Ct. | | 14l. Revere Ct. | | 14m. Revere Ct. | | 14n. Revere Ct. | | 14o. Revere Ct. | |
| PARENTS: | | FATHER—NAME | | MOTHER—MAIDEN NAME | | FIRST MIDDLE LAST | | | |
| 15. James Thomas Crosslin | | 16. Mollie Ferrell | | 17. Georgia M. Crosslin | | 17b. wife | | | |
| INFORMANT—NAME | | RELATIONSHIP | | MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) | | | | | |
| 17a. Georgia M. Crosslin | | 17b. wife | | 17c. 3448 Revere Court, East Gary Indiana 46405 | | | | | |
| THIS IS TO CERTIFY THAT AS HEALTH OFFICER I HAVE MADE AN INVESTIGATION INTO THE CAUSE OF DEATH OF THE PERSON LISTED IN ITEM No. 1; THIS INVESTIGATION WAS MADE UNDER THE AUTHORITY AND WITHIN THE LIMITS OF CHAPTER 157, ACTS OF 1949 SECTION 1225. AS A RESULT OF SUCH INVESTIGATION I HAVE DETERMINED THE CAUSE OF DEATH TO BE: (See Item 18). | | | | | | | | | |
| 18. PART I. | | DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) | | | | | | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH | |
| CAUSE | | (a) IMMEDIATE CAUSE | | | | | | FILED | |
| | | <i>acute myocardial infarction</i> | | | | | | MAY 10 1970 | |
| CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE: | | (b) DUE TO, OR AS A CONSEQUENCE OF: | | | | | | STATE OF INDIANA | |
| (A) STATING THE UNDERLYING CAUSE LAST. | | (c) DUE TO, OR AS A CONSEQUENCE OF: | | | | | | FILED | |
| CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE IMMEDIATE CAUSE GIVEN IN PART I (A). | | 18. PART II. OTHER SIGNIFICANT CONDITIONS. | | | | | | STATE OF INDIANA | |
| | | <i>None</i> | | | | | | FILED | |
| CERTIFICATION—HEALTH OFFICER | | SIGNATURE | | | | | | DATE | |
| | | <i>Herschel M. Bornstein</i> | | | | | | NOV 30 1971 | |
| I (DID, DID NOT) VIEW THE BODY AFTER DEATH: | | DEATH OCCURRED AT | | THE DECEASED WAS PRONOUNCED DEAD ON: | | MONTH | | DAY | |
| 21a. I did not | | 21b. 10:25 a. M. | | 21c. Nov. 30, 1971 | | 21d. 10:25 a. M. | | 21e. 10:25 a. M. | |
| AT THE PLACE AND TIME AND ON THE DATE STATED ABOVE, AND TO THE BEST OF MY KNOWLEDGE DUE TO THE CAUSES STATED (TYPE OR PRINT HEALTH OFFICER) | | | | | | | | | |
| 21c. NAME AND SIGN | | 21d. Bornstein, Herschel M. D. M. P. H. | | | | | | | |
| MAILING ADDRESS | | STREET OR R.F.D. NO. | | CITY TOWN STATE | | ZIP | | DATE SIGNED | |
| 21d. 1129 Virginia Street | | 21e. Gary, Indiana | | 21f. 46407 | | 21g. 12/3/71 | | 21h. 12/3/71 | |
| BURIAL, CREMATION, REMOVAL (SPECIFY) | | CEMETERY, CREMATORY, FUNERAL HOME | | LOCATION | | CITY OR TOWN STATE | | FUNERAL HOME NUMBER | |
| 22a. Burial | | 22b. Evergreen Cemetery | | 22c. Hobart, Indiana | | 22d. 306 | | 22e. 4-00 | |
| BURIAL DATE MO. DAY YEAR | | FUNERAL HOME NAME | | FUNERAL HOME ADDRESS | | FUNERAL HOME PHONE | | FUNERAL HOME NUMBER | |
| 22f. 12-3-71 | | 22g. Rees Funeral Home, Inc. | | 22h. 600 W. Old Ridge Rd., Hobart, Ind | | 22i. 600 W. Old Ridge Rd., Hobart, Ind | | 22j. 600 W. Old Ridge Rd., Hobart, Ind | |
| FUNERAL DIRECTOR—SIGNATURE | | HEALTH OFFICER—SIGNATURE | | DATE RECEIVED BY | | MONTH | | DAY | |

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FILED
MAY 10 1970
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STATE OF INDIANA
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