

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

107290530
Local No. 530

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

State No. _____

for State Office Use

#49-219-16417
A. A. Lewis & Co.
Cal. Am. Gardens, 1200
J. C. C. 189 & Pl. 119 Blk
Funeral Home 280
FURNAL DIRECTOR'S LICENSE No. 1783
FURNAL HOME

FILED
JUL 20 1971
JUL 20 10 12 AM '71
STATE OF INDIANA/S.S. NO. LAKE COUNTY

PERMANENT INK SEE HANDBOOK FOR INSTRUCTIONS		DECEASED—NAME FIRST OPAL MIDDLE LAST HOOK		SEX FEMALE	DATE OF DEATH (MONTH, DAY, YEAR) 7/23/71
1. RACE White	2. AGE—LAST BIRTHDAY (YEARS) 70	3. UNDER 1 YEAR MOS. DAYS	4. UNDER 1 DAY HOURS MIN.	5. DATE OF BIRTH (MONTH, DAY, YEAR) May 7, 1901	6. COUNTY OF DEATH Lake
7. City, Town, or Location of Death East Chicago		8. INSIDE CITY LIMITS (SPECIFY YES OR NO) yes	9. HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) St. Catherine		
10. STATE OF BIRTH (IF NOT IN U.S.A., NAME OF COUNTRY) Kentucky	11. CITIZEN OF WHAT COUNTRY USA	12. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	13. SURVIVING SPOUSE (IF WIFE, GIVE MARRIAGE NAME) Jewell Hook		
14. USUAL RESIDENCE WHEN DECEASED LIVED IF DEATH OCCURRED IN INSTITUTION GIVE RESIDENCE AND DATE OF ADMISSION. Indiana 7013 W. 23rd.		15. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) Homemaker		16. KIND OF BUSINESS OR INDUSTRY	
17. SECURITY NUMBER 405-03-6380	18. RESIDENCE—STATE Indiana	19. COUNTY Lake	20. CITY, TOWN OR LOCATION Gary	21. INSIDE CITY LIMITS (SPECIFY YES OR NO) yes	22. TOWNSHIP North
23. PARENTS Ruben Dave Thomas		24. MOTHER—MAIDEN NAME Stella Wilcox		25. INFORMANT—NAME Mr. Jewell Hook	
26. RELATIONSHIP Husband		27. MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 7013 W. 23rd. St. Gary, Ind. 46406		28. DEATH WAS CAUSED BY: IMMEDIATE CAUSE	
29. CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (A), STATING THE UNDERLYING CAUSE LAST		30. (a) Kidney failure (b) Chronic Kidney Disease (Had only one kidney) (c) Chronic Nephritis		31. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH several weeks 12 yrs. or more 12 yrs. v	
32. PART II. OTHER SIGNIFICANT CONDITIONS GIVEN IN PART I (A)		33. CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE Diabetes Mellitus Generalized Atherosclerosis		34. ALTHOUGH YES <input type="checkbox"/> NO <input type="checkbox"/>	
35. DATE & TIME OF DEATH 7-23-1971 5:45 AM		36. DATE SIGNED 7-24-1971		37. PHYSICIAN'S NAME (TYPE OR PRINT) S. ZALLEN - M.D.	
38. M. D. OR D. O. M. D.		39. SIGNATURE OF PHYSICIAN S. Zallen M.D.		40. MAILING ADDRESS—PHYSICIAN 6933 Kennedy Hammond, Ind.	
41. BURIAL, CREMATION, REMOVAL (SPECIFY) Removal		42. CEMETERY, CREMATORY, FUNERAL HOME Bandi Funeral Home		43. LOCATION Nortonville, Kentucky	
44. DATE (MONTH, DAY, YEAR) July 23, 1971		45. FUNERAL HOME—NAME AND ADDRESS Bocken Funeral Home, Inc. 7042 Kennedy Ave. Hammond, Ind.		46. HEALTH OFFICER—SIGNATURE E. P. Campagna M.D.	
47. DATE RECEIVED BY LOCAL HEALTH OFFICER July 26-1971		48. SIGNATURE OF HEALTH OFFICER		49. DATE RECEIVED BY LOCAL HEALTH OFFICER	

Disposition Permit Issued / /
Provisional Certificate
 Yes No

DISPOSITION

113-3
PD-10 100M

4-00