

1012 FARNAM, DAVENPORT, IOWA 52803
 LLOYD IVY
 THIS IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH TO BE FILED WITH THE LAKE COUNTY HEALTH DEPT.

Riverview hand + Investment Co 571 ACD 1015 35 36 + S 1/2 lot 37 B1.8
 Key # 46-468-37 + 39 Unit # 25

INDIANA STATE BOARD OF HEALTH
 MEDICAL CERTIFICATE OF DEATH

State No.

Local No. 1700-83

113303

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

Below for State Office Use

FUNERAL HOME No. 248

OCT 14 1983 LICENSE No. 4260

Embalmer's Name: Ede Warner

FUNERAL DIRECTOR'S SIGNATURE: Ede Warner

Embalmer's Name: Ede Warner

FUNERAL DIRECTOR'S SIGNATURE: Ede Warner

TYPE OR PRINT IN PERMANENT INK FOR INSTRUCTIONS SEE HANDBOOK

DECEASED

USUAL RESIDENCE WHERE DECEASED LIVED AT DEATH OCCURRED IN RESIDENCE GIVE RESIDENCE BEFORE DEATH

DECEASED

DECEASED

DECEASED

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

CAUSE

DECEASED - NAME VIOLA IVY		SEX FEMALE		DATE OF DEATH MONTH DAY YEAR OCTOBER 6, 1983	
RACE AMER. BLK.	AGE 76	UNDER 1 YEAR MONTHS DAYS	UNDER 1 DAY HOURS MINUTES	DATE OF BIRTH MONTH DAY YEAR May 10, 1907	COUNTY OF DEATH LAKE
CITY, TOWN OR LOCATION OF DEATH HERRILLVILLE		HOSPITAL OR OTHER INSTITUTION BROADWAY METHODIST SOUTHLAKE CAMPUS		IF HOSP OR INST. Indicate ICD-9 Code, location, floor, etc.	
STATE OF BIRTH MISSOURI		CITIZEN OF WHAT COUNTRY U.S.A.		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED MARRIED	
SOCIAL SECURITY NUMBER 426-20-2417		USUAL OCCUPATION HOUSEWIFE		SURVIVING SPOUSE DOYLE IVY	
RESIDENCE - STATE INDIANA		RESIDENCE - COUNTY LAKE		RESIDENCE - CITY, TOWN OR LOCATION GARY	
STREET AND NUMBER 3453 PENNSYLVANIA STREET		IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
FATHER - NAME DOYLE IVY (HUSBAND)		MOTHER - MAIDEN NAME NELLIE HODGES		INFORMANT - NAME DOYLE IVY (HUSBAND)	
RELATIONSHIP HUSBAND		MAILING ADDRESS 3453 PENNSYLVANIA STREET GARY INDIANA 46408		CITY OR TOWN GARY INDIANA 46408	
BURIAL - REMOVAL BURIAL-REMOVAL		CEMETERY OR CREMATORY - FUNERAL HOME MT. GLENWOOD CEMETERY		LOCATION GLENWOOD ILLINOIS	
DATE OCTOBER 6, 1983		FUNERAL HOME - NAME AND ADDRESS SMITH BIZZELL & WARNER, INC., 2295 WASH. ST., GARY, IND. 46407		STREET OR P.O. NO. CITY OR TOWN STATE ZIP	
NAME OF ATTENDING PHYSICIAN DR. HAMANG M.D.		DATE SIGNED 10/6/83		HOUR OF DEATH	
MAILING ADDRESS - PHYSICIAN 904 WEST RIDGE ROAD GARY, INDIANA 46342		HEALTH OFFICER - SIGNATURE Ede Warner M.D.		DATE RECEIVED BY LOCAL HEALTH OFFICER 10-14-83	
IMMEDIATE CAUSE GRAINSTEIN Cerebrovascular Infarction		OTHER SIGNIFICANT CONDITIONS Atherosclerosis Diabetes Mellitus		INTERVAL BETWEEN ONSET AND DEATH 9d 20y	
OTHER SIGNIFICANT CONDITIONS Conditions contributing to death but not related to cause given in PART I		AUTOPSY NO		STATE OF INDIANA LAKE COUNTY RECORDER FILED FOR RECORD OCT 24 1983 STATE OF INDIANA LAKE COUNTY RECORDER FILED FOR RECORD OCT 24 1983	

Auditor N. Anton
 AUDITOR LAKE COUNTY

6:00 1472