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Disposition Permit Issued
Provisional Certificate
 Yes No

EMBALMER'S NAME: Roosevelt Allen
LICENSE No. 5170
FUNERAL DIRECTOR'S SIGNATURE: *Rosevelt Allen*
FUNERAL DIRECTOR'S LICENSE No. 270

Local No. 83-0150

INDIANA STATE BOARD OF HEALTH
CORONER'S CERTIFICATE OF DEATH

State No. 91800
DATE OF DEATH: MONTH DAY YEAR
Feb. 15, 1983

DECEASED - NAME Adria J. Goudeau		SEX Male	DATE OF DEATH Feb. 15, 1983
RACE - (a) White, (b) Black, (c) American Indian, (d) Other	AGE - Last birthday (y-m-d)	UNDER 1 YEAR MONTHS DAYS	UNDER 1 DAY HOURS MINUTES
Black	69	5/11/1913	5/11/1913
CITY, TOWN OR LOCATION OF DEATH Gary	HOSPITAL OR OTHER INSTITUTION - Name of hospital or other institution and number	COUNTY OF DEATH Lake	IF HOSP. OR INST. Indicate Date of Year the treatment started
STATE OF BIRTH (a) U.S.A. (b) Foreign	CITIZEN OF WHAT COUNTRY	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED	SURVIVING SPOUSE (a) Name (b) Age (c) Maiden name
Oklahoma	U.S.A.	10 Married	11 Addie Haskins
SOCIAL SECURITY NUMBER 13 311-05-5563	USUAL OCCUPATION (a) Kind of work done during most of working life (b) Trade or profession	KIND OF BUSINESS OR INDUSTRY (a) Code (b) Name	
13 Indiana	Retired	14a Restaurateur	
STREET AND NUMBER 184 2956 W. 20th Ave.	CITY, TOWN OR LOCATION Lake Gary	IS RESIDENCE ON A FARM? 18a YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	WHICH CITY, TOWN OR LOCATION? 19: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<p style="text-align: center; color: red; font-weight: bold; font-size: 2em;">Document is NOT OFFICIAL! This document is the property of the Lake County Recorder!</p>			
FATHER - NAME 15a Perrie	MOTHER - MARRIED NAME 17: Oselia	MOTHER - MAIDEN NAME 17: Ray	
INFORMANT - NAME 16a Addie Goudeau (Wife)	RELATIONSHIP 16b (Wife)	MAILING ADDRESS 16c 2956 W. 20th Ave. Gary, Indiana 46404	CITY OR TOWN 16d Gary
BURIAL, CREMATION, REMOVAL, OTHER (Specify)	CEMETERY OR CREMATORY - FUNERAL HOME	LOCATION 18c Hammond, Indiana	CITY OR TOWN 18d Hammond
DATE (MONTH, DAY, YEAR) 20a 2/19/83	FUNERAL HOME - NAME AND ADDRESS 20b Guy & Allen Funeral Directors, 2959 W. 11th Ave. Gary,	STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP	
<p>On the basis of examination and/or investigation, in my opinion death occurred in the time, date and place stated on the certified copy.</p>		DATE SIGNED (M, D, Y) 21b 2-25-83	HOUR OF DEATH 21c
<p>NAME AND ADDRESS OF CERTIFIER ALBERT T. WIELARDO, M.D., 2293 NORTH MAIN ST., CROWN POINT, IN. 4630</p>		PRONOUNCED DEAD (M, D, Y) 23: 2-15-83	PRONOUNCED DEAD (M, D, Y) 23c AT 6:20 p.
HEALTH OFFICER - SIGNATURE		DATE RECEIVED BY LOCAL HEALTH OFFICER 23b March 2, 1983	
<p>IMMEDIATE CAUSE PART I (a) Vascular collapse</p>		<p>24 Undetermined</p>	
<p>24 Due to arteriosclerotic heart & vascular disease</p>		<p>DEC 17 1990</p>	
<p>OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I (a)</p>		<p>24 NO</p>	
ACC. SUICIDE, HOMIC. UNDET. OR PENDING INVEST (Specify)	DATE OF INJURY (M, D, Y)	HOUR OF INJURY	DESCRIBE HOW INJURY OCCURRED (Specify)
Natural			
INJURY AT WORK (Specify Yes or No)	PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)	LOCATION	CITY OR TOWN

Germania No. 1 All Lots 18 to 30 B13, Key # 43-262-18, Unit # 25

600

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STOP



James L. ...
CERTIFIED COPY
COUNTY COMMISSIONER
OF CLAY, INDIANA
DATE March 3, 1983