Etta Gray → 2747 Vigo
Lake Station, 46405

Carlson's 1st Add
L.23 + L.24, both Bl.9
Key #19-19-23+24
Unit #14

91008392

INDIANA STATE BOARD OF HEALTH
CERTIFICATE OF DEATH

Local No. 287-91 State No.

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

1. DECEASED—NAME (First, Middle, Last): LOLA (BLANTON) DAVENPORT-ANDREWS
2. SEX: FEMALE
3a. TIME OF DEATH: Approx. 9:00 P.M.
3b. DATE OF DEATH (Month, Day, Yr): FEBRUARY 8, 1991
4. SOCIAL SECURITY NUMBER: 311-16-2235
5a. AGE—Last Birthday (Years): 80
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Mo, Day, Yr): November 5, 1910
7. BIRTHPLACE (City and State or Foreign Country): BROWNSVILLE, KENTUCKY
8a. WAS DECEDENT A U.S. VETERAN?: No
8b. YEAR LAST SERVED IN U.S. ARMED FORCES?: N/A
9a. PLACE OF DEATH (Check only one. See instructions): HOSPITAL ☐ Inpatient ☐ ER/Outpatient ☐ DOA; OTHER ☐ Nursing Home ☒ Other (Specify) ☐ Residence — DAUGHTER'S RESIDENCE
9b. FACILITY NAME (If not institution, give street and number): 11823 BURR ST.
9c. CITY, TOWN, OR LOCATION OF DEATH: CROWN POINT
9d. COUNTY OF DEATH: LAKE
10. MARITAL STATUS (Specify): WIDOWED
11. SURVIVING SPOUSE (If wife, give maiden name): NONE
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): WAITRESS
12b. KIND OF BUSINESS/INDUSTRY: RESTAURANT
13a. RESIDENCE—STATE: INDIANA
13b. COUNTY: LAKE
13c. CITY, TOWN, OR LOCATION: LAKE STATION
13d. STREET AND NUMBER: 2747 VIGO ST.
13e. ZIP CODE: 46405
13f. INSIDE CITY LIMITS: ☐ No ☒ Yes
13g. ON A FARM?: ☒ No ☐ Yes
14. CITIZEN OF WHAT COUNTRY?: U.S.A.
15. WAS DECEDENT OF HISPANIC ORIGIN? ☒ No ☐ Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc.)
16. RACE—American Indian, Black, White, etc. (Specify): WHITE
17. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 12; College (1-4 or 5+):

PARENTS

18. FATHER'S NAME (First, Middle, Last): JASPER BLANTON
19. MOTHER'S NAME (First, Middle, Maiden Surname): IDA NOLAN

INFORMANT

20a. INFORMANT'S NAME (Type/Print): ELSIE MINAS
20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 11823 Burr St. Crown Point, IN 46307
20c. Relationship: DAUGHTER

DISPOSITION

21a. METHOD OF DISPOSITION: ☒ Burial ☐ Cremation ☐ Entombment ☐ Removal from State ☐ Donation ☐ Other (Specify)
21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): FEBRUARY 11, 1991 CHAPEL LAWN MEMORIAL GARDENS
21c. LOCATION—City or Town, State: SCHERERVILLE, INDIANA
22a. EMBALMER'S NAME: GLORIA BRADY
22b. EMBALMER'S LICENSE NO.: FD0106597
23. WAS DEATH REPORTED TO CORONER? ☐ No ☒ Yes
24a. SIGNATURE OF FUNERAL DIRECTOR: Gloria Brady
24b. LICENSE NUMBER (of Licensee): FD0106597
25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME: BRADY FUNERAL HOME FH88001635 3781 CENTRAL AVE. LAKE STATION, INDIANA 46405

CAUSE OF DEATH

26. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter nonspecific terms, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.

IMMEDIATE CAUSE (Final disease or condition resulting in death): a. Hepatocellular carcinoma — Approximate Interval Between Onset and Death: one year
Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last:
DUE TO (OR AS A CONSEQUENCE OF): b.
DUE TO (OR AS A CONSEQUENCE OF): c.
DUE TO (OR AS A CONSEQUENCE OF): d.

PART II. Other significant conditions - Conditions contributing to death but not previously listed in Part I.
1. Diabetes mellitus - II
2. Coronary artery disease
3. Renal insufficiency

27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no): NO
28a. WAS AN AUTOPSY PERFORMED? (Yes or no): NO
28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no): N/A

THIS CERTIFIES THE ABOVE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPT.
FEB 11 1991
LAKE COUNTY HEALTH COMMISSIONER

CERTIFIER

29a. CERTIFIER (Check only one)
☒ CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated.
☐ HEALTH OFFICER 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) as stated.
☐ CORONER 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) and manner as stated.
29b. SIGNATURE AND TITLE OF CERTIFIER: [signature] DO
29c. MEDICAL LICENSE NO.: 02001065
29d. DATE SIGNED (Month, Day, Year): 2.11.91
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print): DR. KIRBY D. SLIFER 297 FRANCISCAN DR. CROWN POINT, INDIANA 46307

HEALTH OFFICER

31. HEALTH OFFICER'S SIGNATURE: Alexander S. Williams MD
32. DATE FILED (Month, Day, Year): FEB 11, 91

CORONER USE ONLY

33. MANNER OF DEATH: ☐ Natural ☐ Pending Investigation ☐ Accident ☐ Suicide ☐ Could not be Determined ☐ Homicide
34a. DATE OF INJURY (Month, Day, Year)
34b. TIME OF INJURY
34c. INJURY AT WORK? (Yes or no)
34d. DESCRIBE HOW INJURY OCCURRED
34e. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)
34f. LOCATION (Street and Number or Rural Route Number, City or Town, State)
34g. DATE PRONOUNCED DEAD (Month, Day, Year)
34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.

FILED FEB 22 1991
Anna M. Anton
AUDITOR LAKE COUNTY
01576

10.00

SBH06-004 State Form 10110 (R2/3-89) DEA CERT/PD 1