

TYPE OR PRINT
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UNFADING INK
THIS IS A
PERMANENT
RECORD

91020323

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

State No. 130

Local No. 870-0621

Stephens 3826 Fern St
East Chicago Ind 46312

Below for State Office Use

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FUNERAL HOME

FUNERAL DIRECTOR'S

EMBALMER'S NAME

LICENSE NO. 3368A

FILED

APR 29 1987

SIGNATURE

TYPE OR PRINT IN PERMANENT INK FOR INSTRUCTIONS SEE MANUAL

DECEASED'S USUAL RESIDENCE WHERE DECEASED LIVED & DEATH OCCURRED IN INSTITUTION OR RESIDENCE WHERE ADMITTED

PARENTS

DISPOSITION

M.D. OR D.O.

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

DECEASED—NAME <i>MATTIE BUE HARDEN</i>		SEX <i>Female</i>	DATE OF DEATH (MONTH DAY YEAR) <i>October 3, 1987</i>
RACE—(to be White, Black, American Indian, or Hispanic) <i>Black American</i>	AGE—Last Birthday (YEAR) <i>86</i>	UNDER 1 YEAR MO: <i>08</i> DATE: <i>10-01</i>	COUNTY OF DEATH <i>Blake</i>
CITY, TOWN OR LOCATION OF DEATH <i>ARK</i>		HOSPITAL OR OTHER INSTITUTION <i>St. Mary Medical Center</i>	IF HOSP OR INST. specify DOA OP 1200 AM <i>In Patient</i>
STATE OF BIRTH (as per U.S. Census Bureau) <i>Georgia</i>	CITIZEN OF WHAT COUNTRY <i>United States</i>	MARRIED NEVER MARRIED WIDOWED DIVORCED <i>Married</i>	SURVIVING SPOUSE (as per U.S. Census Bureau) <i>Ned Harden</i>
SECURITY NUMBER <i>0868-16-6639</i>	USUAL OCCUPATION (as per U.S. Census Bureau) <i>Unemployed</i>	KIND OF BUSINESS OR INDUSTRY <i>None</i>	
RESIDENCE—STATE & COUNTY <i>Indiana Blake</i>		CITY, TOWN OR LOCATION <i>ARK</i>	
STREET AND NUMBER <i>2350 Ark St</i>		IS RESIDENCE ON A FARM? 18b YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	INDICATE CITY (LIMITS 1870-1910) <i>Ark</i>
IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. 18g YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
FATHER—NAME <i>Tom Stephens</i>		MOTHER—MAIDEN NAME <i>Macon</i>	STATE <i>Indiana</i>
INFORMANT—NAME (if not print) <i>Beverly Stephens Bro</i>		RELATIONSHIP <i>Sister</i>	MAILING ADDRESS <i>921 De Popes Lexington, KY 40511</i>
BURIAL, CREMATION, REMOVAL, OTHER (specify) <i>Cremation</i>		CEMETERY OR CREMATORY—FUNERAL HOME <i>Oakland Memorial</i>	LOCATION <i>Dolton, Illinois</i>
DATE (MONTH, DAY, YEAR) <i>10-7-1987</i>		FUNERAL HOME—NAME AND ADDRESS <i>Kaufman Funeral Home 421 W 5th Ave Ark</i>	STATE <i>Indiana</i>
To the best of my knowledge, death occurred at the time, date, and place and due to the cause(s) stated <i>Charles D. Decker</i>		DATE SIGNED (MO, DAY, YR) <i>10/6/87</i>	HOUR OF DEATH <i>2:45 PM</i>
NAME OF ATTENDING PHYSICIAN (Type or Print) <i>Charles D. Decker M.D.</i>		MAILING ADDRESS—PHYSICIAN <i>8555 Broadway, Suite 510 Merrillville, Ind</i>	
HEALTH OFFICER—SIGNATURE <i>James F. ...</i>		DATE RECEIVED BY LOCAL HEALTH OFFICER <i>OCT 6 1987</i>	
IMMEDIATE CAUSE <i>Cardiopleumary Arrest</i>		Interval between onset and death	
(b) DUE TO, OR AS A CONSEQUENCE OF: <i>Pneumonia</i>		Interval between onset and death	
(c) DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)		AUTOPSY: (Specify Yes or No)	

600

1987
OCT 6
11 11 AM

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STOP



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CERTIFIED COPY
James T. Hedrick, Jr.
HEALTH COMMISSIONER
CITY OF GARY, IND.
DATE: OCT 6 1987