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ON FILE WITH THE LAKE COUNTY
MAY 14 1980
#15325-13

FILED
APR 30 1980
LAKE COUNTY HEALTH COMMISSION

Local No.

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

State No.

DECEASED—NAME: ABNER	MIDDLE: W.	LAST: GILE	SEX: 2. Male	DATE OF DEATH (Month, Day, Year): 3. May 4, 1980
RACE—(e.g. White, Black, Asiatic, Indian, etc.) (Specify): White	AGE—Last Birthday (Yrs.): 61	UNDER 1 YEAR: MOS. / DAYS — UNDER 1 DAY: HOURS / MINS.	DATE OF BIRTH (Mo., Day, Yr.): 6. 7-16-1918	COUNTY OF DEATH: 7a. Lake
CITY, TOWN OR LOCATION OF DEATH: Merrillville	HOSPITAL OR OTHER INSTITUTION—Name (If not in either, give street and number): 7a. Broadway Methodist Hospital			IF HOSP. OR INST. (Indicate DOA, OP/Emer., Inv., Inpatient) (Specify): 7d. DOA
STATE OF BIRTH (If not in U.S.A., name country): Indiana	CITIZEN OF WHAT COUNTRY: USA	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married	SURVIVING SPOUSE (If wife, give maiden name): 11. Mary Gambino	WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No): 12. yes
SOCIAL SECURITY NUMBER: 13. 314-09-7432	USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 14a. Retired Graddleman		KIND OF BUSINESS OR INDUSTRY: 14b. US Steel Corp.	
RESIDENCE—STATE: 15a. Indiana	COUNTY: 15b. Lake	CITY, TOWN OR LOCATION: 15c. Merrillville		
STREET AND NUMBER: 15d. 5910 Grant Place	IS RESIDENCE ON A FARM? 15e. YES ☐ NO ☒		INSIDE CITY LIMITS (SPECIFY YES OR NO): 15f. yes	
IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC.: 15g. YES ☐ NO ☒				
FATHER—NAME (First, Middle, Last): 16. Roy Gile	MOTHER—MAIDEN NAME (First, Middle, Last): 17. Elsie Sielaff			
INFORMANT—NAME (Type or print): 18a. Mary Gile	MAILING ADDRESS (Street or R.F.D. No.): 18b. 5910 Grant Place	CITY OR TOWN: Merrillville	STATE: Indiana	ZIP: 46410
BURIAL, CREMATION, REMOVAL, OTHER (Specify): 19a. Burial	CEMETERY OR CREMATORY—FUNERAL HOME: 19b. Calumet Park Cemetery	LOCATION (City or Town, State): 19c. Merrillville, Indiana		
DATE (Month, Day, Year): 20a. May 7, 1980	FUNERAL HOME—NAME AND ADDRESS (Street or R.F.D. No., City or Town, State, Zip): 20b. PRUZIN FUNERAL HOME, 6360 Broadway, Merr., Ind. 46410			
To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated: 21a. (Signature) [signature]	DATE SIGNED (Mo., Day, Yr.): 21b. May 13, 1980	HOUR OF DEATH: 21c. 9:23 AM		
NAME OF ATTENDING PHYSICIAN (Type or Print): 21d. Roberto Valenzuela [signature]				
MAILING ADDRESS—PHYSICIAN: 21e. 5490 [illegible] Merrillville Ind 46410				
HEALTH OFFICER—SIGNATURE: 22a. [signature]	DATE RECEIVED BY LOCAL HEALTH OFFICER: 22b. 5-14-80			

23. PART I. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) — Interval between onset and death

(a) Cause Myocardial Infarction

DUE TO, OR AS A CONSEQUENCE OF: (b) — Interval between onset and death

DUE TO OR AS A CONSEQUENCE OF: (c) — Interval between onset and death

PART II. OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a): — AUTOPSY (Specify Yes or No): 24. no

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

CAUSE

M.D. OR D.O.

PARENTS

DISPOSITION

DECEASED

USUAL RESIDENCE WHERE DECEASED LIVED. IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

EMBALMER'S NAME: Chas. W. Wells — LICENSE No. 4237

FUNERAL DIRECTOR'S SIGNATURE: [signature] — FUNERAL DIRECTOR'S LICENSE No. 2203

Disposition Permit Issued / /

Provisional Certificate ☐ Yes ☐ No

SBH 06-003 REV. 10/77 State Form 35430

01621

STATE OF INDIANA, S.S. No. 1 — MAY 2 0 1980 — FILED

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