

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

9 91021025  
73-1376  
Local No. \_\_\_\_\_

INDIANA STATE BOARD OF HEALTH  
MEDICAL CERTIFICATE OF DEATH

State No. \_\_\_\_\_

PERMANENT INK SEE HANDBOOK FOR INSTRUCTIONS

DECEASED NAME: FIRST Rev. Grady MIDDLE B LAST McGee SEX M DATE OF DEATH (MONTH, DAY, YEAR) 10-6-73

RACE B AGE—LAST BIRTHDAY (YEARS) 63 UNDER 1 YEAR MOR. DAYS 5b UNDER 1 DAY HOURS MIN. 3 23 DATE OF BIRTH (MONTH, DAY, YEAR) 3 23 10 COUNTY OF DEATH Lake

CITY, TOWN, OR LOCATION OF DEATH Gary INSIDE CITY LIMITS (SPECIFY YES OR NO) Yes HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER GIVE STREET AND NUMBER) Methodist

7b. Miss. U.S. STATE OF BIRTH (IF NOT IN U.S.) CITIZEN OF WHAT COUNTRY U.S. MARRIED  NEVER MARRIED  SURVIVED SPOUSE (IF WIFE, GIVE MAIDEN NAME) Elizabeth Taylor

8. USUAL RESIDENCE WHERE DECEASED LIVED IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION. SOCIAL SECURITY NUMBER \_\_\_\_\_ USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) Youngstown Steel KIND OF BUSINESS OR INDUSTRY Steel

12. RESIDENCE—STATE IND. COUNTY Lake CITY, TOWN OR LOCATION GARY INSIDE CITY LIMITS (SPECIFY YES OR NO) Yes TOWNSHIP COLUMET

14. Yes WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) IS RESIDENCE ON A FARM? No

PARENTS

FATHER—NAME FIRST Neil MIDDLE \_\_\_\_\_ LAST McGee MOTHER—MAIDEN NAME FIRST Maggie MIDDLE \_\_\_\_\_ LAST Minor

15. INFORMANT—NAME Elizabeth McGee RELATIONSHIP Wife MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 1730 W 18th Gary, Ind.

PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))

18. IMMEDIATE CAUSE (a) Multiple Cerebrovascular Accidents (b) Atherosclerotic Heart Disease (c) Old Left Semi Paresis due to old CVA

COEXISTING, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (A), STATING THE UNDERLYING CAUSE LAST.

PART II: OTHER SIGNIFICANT CONDITIONS, CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE? Yes FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH? Yes

19b. Yes No

FILED

MAR 4 1974

DATE & TIME OF DEATH MONTH 10 DAY 6 YEAR 73 HOUR M DATE SIGNED MONTH 10 DAY 10 YEAR 73

PHYSICIAN'S NAME (TYPE OR PRINT) LAST IN ATTENDANCE G.B. Mitchell, M.D. SIGNATURE OF PHYSICIAN G.B. Mitchell PHYS. CODE NO. \_\_\_\_\_

MAILING ADDRESS—PHYSICIAN STREET OR R.F.D. NO. 1706 Broadway CITY OR TOWN Gary STATE Indiana ZIP 46407

DISPOSITION

24a. Burial DATE (MONTH, DAY, YEAR) 10-11-73 24b. Cemetery, Crematory, Funeral Home LOCATION Grace Episcopal Church CITY OR TOWN Indiana STATE \_\_\_\_\_

24c. 16-11-73 24d. Funeral Home Name and Address Engelwood Smith & Co. 21st Key Bldg (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) \_\_\_\_\_

25b. Walter L. Nulle HEALTH OFFICER—AGENCY DATE RECEIVED BY LOCAL HEALTH OFFICER OCT 12 1973

Below for State Office Use

FUNERAL HOME LICENSE No. 2355

FUNERAL DIRECTOR'S LICENSE No. 6557

EMBALMER'S NAME Walter L. Nulle FUNERAL DIRECTOR'S SIGNATURE Walter L. Nulle

Disposition Permit Issued 1/1

Provisional Certificate  Yes  No



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**STOP**



CERTIFIED COPY

*W. Caldwell, M.D.*  
HEALTH COMMISSIONER

CITY OF GARY, IND.

DATE

*Feb. 9, 1983*