

Dr. Wolfe  
535 W. 35th Ave

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UNFADING INK  
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RECORD

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1200

Local No. 75-0658

FUNERAL HOME No. 248

FUNERAL DIRECTOR'S LICENSE No. 1984

EMBALMER'S NAME Ede Warner

FUNERAL DIRECTOR'S SIGNATURE Ede Warner

PERMANENT INK  
SEE HANDBOOK FOR  
INSTRUCTIONS

INDIANA STATE BOARD OF HEALTH  
MEDICAL CERTIFICATE OF DEATH

State No. \_\_\_\_\_  
Kris & Myrtle  
578 Broadway

1. NAME FIRST MIDDLE LAST SEX DATE OF DEATH (MONTH, DAY, YEAR)

SAMUEL REED HUNTER Male June 22, 1975

2. AGE—LAST BIRTHDAY (YEARS) UNDER 1 YEAR MOB. DAYS UNDER 1 DAY HOURS MIN. DATE OF BIRTH (MONTH, DAY, YEAR) COUNTY OF DEATH

59 59 1916 Lake

3. RACE 4. Negro

5. CITY, TOWN, OR LOCATION OF DEATH 7b. Gary 7c. YES 7d. Methodist Hospital

6. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) 8. U.S.A. 9. MARRIED  NEVER MARRIED  SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) STATE OF INDEANNA/STATE NO.

Mississippi Myrtle Howard

10. SOCIAL SECURITY NUMBER 11. US Steel (disabled) 12. 304-12-6055 13. Myrtle Howard

14. RESIDENCE—STATE COUNTY CITY, TOWN OR LOCATION 15. Indiana Lake Gary 16. Calumet

17. STREET AND NUMBER 18. 2395 Pierce Street

19. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) 20. YES, give war or dates of service

PARENTS

15. FATHER—NAME FIRST MIDDLE LAST MOTHER—MAIDEN NAME FIRST MIDDLE

Nozzie Reed Della Chandler

17a. INFORMANT—NAME 17b. RELATIONSHIP

Mrs Myrtle Hunter Wife

17c. MAILING ADDRESS (STREET OR R.F.D. NO., CITY, OR TOWN, STATE, ZIP)

2395 Pierce Street Gary, Ind.

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

18. IMMEDIATE CAUSE

(a) Acute Myocardial infarction

(b) Atherosclerotic Heart Dis.

(c) Small bowel obstruction

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

20. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (A)

21. AUTOPSY YES  NO  IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH 19b. YES  NO

22. DATE & TIME OF DEATH MONTH DAY YEAR HOUR DATE SIGNED MONTH DAY YEAR

20th M. 21st

23. PHYSICIAN'S NAME (TYPE OR PRINT) LAST IN ATTENDANCE Robert A. Wolf, M.D. SIGNATURE

22a. 22b. Robert A. Wolf

23. MAILING ADDRESS—CITY, STATE, ZIP

535 W. 35th Ave. Gary, IN 46408

24. BURIAL, CREMATION, REMOVAL (SPECIFY) 24a. Burial 24b. Evergreen memorial 24c. Hobart, Indiana

24d. DATE (MONTH, DAY, YEAR) 6/28/75 24e. FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)

25. Smith Bizzell & Warner F.D. 2295 Wash St. Gary, Ind. 46407

26. HEALTH OFFICER'S SIGNATURE 27. DATE RECEIVED BY LOCAL HEALTH OFFICER

26. 27. JUN 24 1975

Disposition Permit Issued

Provisional Certificate

Yes  No



FILED FOR RECORDING

JUN 24 1975

**Document is  
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**STOP**



*James J. [Signature]*  
CERTIFIED COPY  
BY *[Signature]* CLERK  
CITY OF GARY, IND.  
DATE JUN 24 1975