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RECORD

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Lot 5, Block 1, Med-City Realty Co's
Central Sub, Navy Post Books 15, Page 31, 102.
Key H 46-24-5

Willy Harris
109 Liberty, Suite 1014
Gary, IN 46402
453416 419

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

State No. _____

Local No. 606-87

FUNERAL HOME
FDH 3002487

TYPE OR PRINT
IN
PERMANENT
INK
FOR
INSTRUCTIONS
SEE
HANDBOOK

FILED

SEAL
FDE 1016254
FDE 4016254

EMBALMER'S NAME
FUNERAL DIRECTOR'S
SIGNATURE

DECEASED

USUAL RESIDENCE
WHERE DECEASED
LIVED OR
OCCUPATION, GIVE
PRECEDENCE BEFORE
OCCUPATION

PARENTS

DISPOSITION

M.D.
OR
D.O.

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

CAUSE

1 DECEASED NAME FIRST MIDDLE LAST Maude J. Dixon		SEX Female		DATE OF DEATH MONTH DAY YEAR March 28, 1987	
2 RACE (e.g. White, Black, American Indian or Alaskan) Amer. Blk.	3 AGE Last Birthday (Yr) Mo D 81	4 UNDER 1 YEAR Mths Days	5 UNDER 1 DAY Hours Mins	6 DATE OF BIRTH MONTH DAY YEAR May 16, 1905	7 COUNTY OF DEATH Lake
8 CITY, TOWN OR LOCATION OF DEATH Merrillville		9 HOSPITAL OR OTHER INSTITUTION Merrillville Convalescent Center		10 IF HOSP (OR INST) UNDER DATA UP (Enter: 00 - Inpatient, 01 - Outpatient, 02 - Other)	
11 STATE OF BIRTH (or that in U.S.A. name of country) Kentucky	12 CITIZEN OF WHAT COUNTRY U.S.A.	13 MARRIED - NEVER MARRIED WIDOWED DIVORCED Married	14 SURVIVING SPOUSE (write full name) Walter Dixon		15 WAS DECEDENT EVER IN U.S. ARMED FORCES? no
16 SOCIAL SECURITY NUMBER 310-36-7239		17 USUAL OCCUPATION housewife		18 KIND OF BUSINESS OR INDUSTRY 14a own home	
19 RESIDENCE - STATE COUNTY CITY, TOWN OR LOCATION 19a Indiana 19b Lake 19c Gary		20 IS RESIDENCE ON A FARM? 19d YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21 INSIDE CITY LIMITS (SPECIFY YES OR NO) 19e Yes	
22 IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN CUBAN PUERTO RICAN ETC 19f YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		23 FATHER - NAME FIRST MIDDLE LAST Johnson		24 MOTHER - MAIDEN NAME FIRST MIDDLE LAST Victoria	
25 INFORMANT - NAME (Type in print) RELATIONSHIP Walter Dixon (Husband)		26 MAILING ADDRESS STREET OR R.F.D. CITY OR TOWN STATE ZIP 2260 Connecticut Street Gary Indiana 46407		27 BURIAL - CREMATION - REMOVAL - OTHER (Specify) Burial	
28 CEMETERY OR CREMATORY - FUNERAL HOME Fern Oaks Cemetery		29 LOCATION CITY OR TOWN STATE Griffith Indiana		30 DATE (MONTH DAY YEAR) April 2, 1987	
31 FUNERAL HOME - NAME AND ADDRESS (Specify in box no. 19c or 19d) Smith Bizzell & Warner, Inc., 2295 Wash. St., Gary, Ind. 46407		32 DATE SIGNED (Mo Day Yr) 3.30.87		33 HOUR OF DEATH 12:21	
34 NAME OF ATTENDING PHYSICIAN (Type in print) Dr. Michael Kovacich, M.D.		35 MAILING ADDRESS - PHYSICIAN 200 East 86th Place Merrillville, Indiana 46410		36 HEALTH OFFICER - SIGNATURE [Signature]	
37 DATE RECEIVED BY LOCAL HEALTH OFFICER 3-30-87		38		39	
40 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a) AND (c)) PART I (a) Cardiorespiratory arrest DU TO OR AS A CONSEQUENCE OF (b) Chronic debilitation with anemia DU TO OR AS A CONSEQUENCE OF (c) Metastatic Adeno Carcinoma		41		42	
43 OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I (a) (b) (c)		44		45	

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