

3rd Grant Park lot 15
Key # 43-344-15

Nealy Williams
1957 Chase St
Gary 46404

91051542

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

State No.

Local No.

TYPE OR PRINT IN PERMANENT INK FOR INSTRUCTIONS SEE HANDBOOK

DECEASED

PARENTS

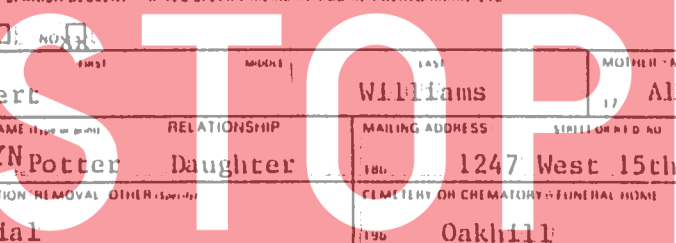
DISPOSITION

M. D. OR D. O.

CAUSE

DECEASED NAME FIRST MIDDLE LAST Floyd Williams		SEX Male	DATE OF DEATH (MONTH DAY YEAR) November 8, 1987		
1 RACE Black	2 AGE (MONTHS YEARS) 77	3 UNDER 1 YEAR MONTHS DAYS	4 UNDER 1 DAY HOURS MINUTES	5 DATE OF BIRTH (MONTH DAY YEAR) Mar. 2, 1910	6 COUNTY OF DEATH Lake
7 CITY TOWN OR LOCATION OF DEATH Gary		8 HOSPITAL OR OTHER INSTITUTION 1247 West 15th Avenue		9 IF HOSP. (HINSL) WAS AT THIS TIME, GIVE NAME AND ADDRESS	
10 STATE OF BIRTH Tennessee	11 CITIZEN OF WHAT COUNTRY United States	12 MARRIED NEVER MARRIED WIDOWED DIVORCED Married	13 SURVIVING SPOUSE (NAME AND ADDRESS) Gladys Dunlap		
14 SOCIAL SECURITY NUMBER 408-20-5804		15 OCCUPATION (STATE AND CITY TOWN OR LOCATION) Retired steel worker		16 KIND OF BUSINESS OR INDUSTRY U.S. Steel	
17 USUAL RESIDENCE WHERE DECEASED LIVED IF DEATH OCCURRED IN INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 1247 West 15th Avenue Indiana		18 RESIDENCE STATE COUNTY CITY TOWN OR LOCATION		19 IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20 IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN CUBAN PUERTO RICAN ETC NO		21 INSIDE CITY LIMITS (CITY TOWN OR LOCATION) Yes		22 STATE OF DEATH IN	
23 FATHER - NAME (FIRST MIDDLE LAST) Robert Williams		24 MOTHER - MAIDEN NAME (FIRST MIDDLE LAST) Alice Montague			
25 INFORMANT - NAME (TYPE OR PRINT) EVELYN Potter		26 RELATIONSHIP Daughter	27 MAILING ADDRESS (STREET OR R.D. NO. CITY OR TOWN STATE ZIP) 1247 West 15th Avenue Gary Indiana 46407		
28 BURIAL CREMATION REMOVAL OTHER (SPECIFY) Burial		29 CEMETERY OR CREMATORY - (FUNERAL HOME) Oakhill		30 LOCATION (CITY OR TOWN STATE ZIP) Gary, IN.	
31 DATE (MONTH DAY YEAR) Nov. 12, 1987		32 FUNERAL HOME (NAME AND ADDRESS) Smith, Bizzell, and Warner Pl. 2295 Wash. St. Gary, IN, 4640		33 INSTRUCTIONS NO. (CITY OR TOWN STATE ZIP)	
34 To the best of my knowledge (sign required at the time date and place) (examined) Barbara Fuller		35 DATE SIGNED (MONTH DAY YEAR) 11/10/87	36 HOUR OF DEATH: M		
37 NAME OF ATTENDING PHYSICIAN (TYPE OR PRINT) Dr. Barbara Fuller		38 MAILING ADDRESS - PHYSICIAN 21 East 86th Avenue Merrillville, Indiana 46410			
39 PHYSICIAN'S SIGNATURE James T. Hedrick, Jr.		40 DATE RECEIVED NOV 10 1987		41 OFFICIAL'S SIGNATURE James M. Austin	
42 IMMEDIATE CAUSE PART I Metastatic cancer of the renal pelvis		43 INTERVAL BETWEEN ONSET AND DEATH 19 Months		44 INTERVAL BETWEEN ONSET AND DEATH	
45 DUE TO OR AS A CONSEQUENCE OF (I)		46 INTERVAL BETWEEN ONSET AND DEATH		47 INTERVAL BETWEEN ONSET AND DEATH	
48 DUE TO OR AS A CONSEQUENCE OF (II)		48 INTERVAL BETWEEN ONSET AND DEATH		49 INTERVAL BETWEEN ONSET AND DEATH	
49 OTHER SIGNIFICANT AND CONDITIONS (Conditions contributing to death but not listed as cause given in PART I)		50 INTERVAL BETWEEN ONSET AND DEATH		51 INTERVAL BETWEEN ONSET AND DEATH	
52		52		52	

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FILED

NOV 10 1987

James M. Austin
AUTON. LIVES COUNTY

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- TYPE OR PRINT PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD
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FUNERAL HOME
No. FDH 3002487

LICENSE No. FDE 8601496
FUNERAL DIRECTOR'S LICENSE No. FDE 8601496

EMBALMER'S NAME
Ede Warner Jr.

FUNERAL DIRECTOR'S SIGNATURE
Ede Warner Jr.



CERTIFIED COPY

Christina S. Foster MS 1/1/14

HEALTH COMMISSIONER

CITY OF GARY, IND.

DATE

NOV

3 1914