

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

92004106

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

State No.

92800

Below for State Office Use

FILED
JAN 1 1987
FUNDAL H...
No. 3007704
Antonia
LAKES COUNTY

LICENSE No. 1051

FUNERAL DIRECTOR'S
LICENSE No. 1045736

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Co 161409 - P
Set 9 and the East
Homes and
P.B. 7 page 3-2
Roosevelt Allen Jr.
Patty L. Allen

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

PARENTS

DISPOSITION

M.D.
OR
D.O.

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

CAUSE

DECEASED - NAME 1 ETHEL (MARY) WILLIAMS		SEX FEMALE		DATE OF DEATH JUNE 20, 1987	
RACE 4 BLACK		AGE 52		DATE OF BIRTH 7-11-1934	
CITY, TOWN OR LOCATION OF DEATH 7b GARY		HOSPITAL OR OTHER INSTITUTION 7c METHODIST HOSPITAL NORTHLAKE		COUNTY OF DEATH LAKE	
STATE OF BIRTH 8 ILLINOIS		CITIZEN OF WHAT COUNTRY U.S.A.		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED 10 MARRIED	
SOCIAL SECURITY NUMBER 13 310-36-5282		USUAL OCCUPATION 14a TEACHER		FIND OF BUSINESS OR INDUSTRY 14b GARY PUBLIC SCHOOL CORP.	
RESIDENCE - STATE INDIANA		RESIDENCE - COUNTY LAKE		CITY, TOWN OR LOCATION GARY	
STREET AND NUMBER 2535 West 19th Avenue		IS RESIDENCE ON A FARM? 15e YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INSIDE CITY LIMITS (SPECIFY YES OR NO) 15f yes	
FATHER - NAME 16 ISSAC		MOTHER - MAIDEN NAME SARAH E. HARPER			
INFORMANT - NAME (Type or Print) 18a DEBRA CURIN DAUGHTER		RELATIONSHIP DAUGHTER		MAILING ADDRESS 18b 154 Ingram Norfolk, VA	
BURIAL, CREMATION, REMOVAL, OTHER 19a BURIAL		CEMETERY OR CREMATORY - FUNERAL HOME 19b EVERGREEN CEMETERY		LOCATION 19c HOBART, IN	
DATE 20a 6-26-87		FUNERAL HOME - NAME AND ADDRESS GUY & ALLEN FUN. DIR. INC. 2959 W. 11th Avenue, Gary, IN			
NAME OF ATTENDING PHYSICIAN (Type or Print) 21a Dr. Nwanna		DATE SIGNED (Mo, Day, Yr) 21b 6-25-87		HOUR OF DEATH 21c JUN 22 8 53 AM '87	
MAILING ADDRESS - PHYSICIAN 4619 Melton Road, Gary, IN 46403		DATE RECEIVED BY LOCAL HEALTH OFFICE 22a JUN 29 1987			
IMMEDIATE CAUSE (a) Cardiac arrest		INTERVAL BETWEEN ONSET AND DEATH			
DUE TO OR AS A CONSEQUENCE OF (b) Cardiac and pulmonary failure		INTERVAL BETWEEN ONSET AND DEATH			
DUE TO OR AS A CONSEQUENCE OF (c) Coronary by-pass.		INTERVAL BETWEEN ONSET AND DEATH			
OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I (b) PART II Coronary artery stenosis.		AUTOPSY (Specify Yes or No) 24			

TTOR TITLE INSURANCE
Crown Point, Indiana

600
to

POWER OF HEALTH SCOUT
OSCAR MATEO
800-233-8800



CERTIFIED BY:

Alma E. Foster

HEALTH COMMISSIONER
CITY OF GARY, IND.

DATE JAN. 9 1992