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Key # 45-214-1  
 Certificate Hand Co's Add  
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EMBALMER'S NAME  
 Roosevelt Allen

LICENSE No. 5170

FUNERAL DIRECTOR'S  
 SIGNATURE  
*Roosevelt Allen*

FUNERAL DIRECTOR'S  
 LICENSE No. 270

FUNERAL HOME  
 No. 770

12cc  
3/10/84

92004670

84-0112

Local No.

INDIANA STATE BOARD OF HEALTH  
MEDICAL CERTIFICATE OF DEATH

State No.

|  |  |  |  |   |  |
|--|--|--|--|---|--|
| 1. DECEASED—NAME<br>FIRST MIDDLE LAST<br>Blanche M. Wilder   |  | 2. SEX<br>Male   |  | 3. DATE OF DEATH (MONTH DAY YEAR)<br>Feb. 13, 1984  |  |
| 4. RACE<br>Black   |  | 5a. AGE—LAST BIRTHDAY (YEAR)<br>63   |  | 6. DATE OF BIRTH (MONTH DAY YEAR)<br>3/30/1920  |  |
| 7a. CITY, TOWN OR LOCATION OF DEATH<br>Gary  |  | 7b. HOSPITAL OR OTHER INSTITUTION (Name if not in place give street and number)<br>St. Mary's Medical Center |  | 7c. COUNTY OF DEATH<br>Lake   |  |
| 8. DECEASED<br>Miss.   |  | 9. CITIZEN OF WHAT COUNTRY<br>U.S. A.  |  | 10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br>Married  |  |
| 11. SOCIAL SECURITY NUMBER<br>427-12-9067  |  | 12. USUAL OCCUPATION (If kind of work done during most of working life specify details)<br>Retired           |  | 13. KIND OF BUSINESS OR INDUSTRY<br>U.S. Steel Corp.  |  |
| 14. RESIDENCE—STATE<br>Indiana   |  | 15. COUNTY<br>Lake   |  | 16. CITY, TOWN OR LOCATION<br>Gary  |  |
| 17. STREET AND NUMBER<br>3100 West 20th Place  |  | 18. IS RESIDENCE ON A FARM?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>           |  | 19. INSIDE CITY LIMITS<br>yes   |  |
| 20. IS DECEASED OF SPANISH DESCENT? (If YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC.)<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |  | 21. FATHER—NAME FIRST MIDDLE LAST<br>Rubin Wilder  |  | 22. MOTHER—MAIDEN NAME FIRST MIDDLE LAST<br>Eva M. Fifer  |  |
| 23. INFORMANT—NAME (Type or print)<br>Alva Wilder (Wife)   |  | 24. RELATIONSHIP<br>Wife   |  | 25. MAILING ADDRESS STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP<br>3100 West 20th Place Gary, Indiana 46404 |  |
| 26. DISPOSITION<br>Burial  |  | 27. CEMETERY OR CREMATORY—FUNERAL HOME<br>Ridgelawn Cemetery   |  | 28. LOCATION CITY OR TOWN STATE<br>Gary, Indiana  |  |
| 29. DATE (MONTH DAY YEAR)<br>2/18/84   |  | 30. FUNERAL HOME—NAME AND ADDRESS<br>Gay & Allen Funeral Directors 2959 W. 11th Ave. Gary, In                |  | 31. STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP   |  |
| 32. M.D. OR D.O.<br>NAME OF ATTENDING PHYSICIAN (Type or Print)<br><i>Rosevelt Allen</i>   |  | 33. DATE SIGNED (Mo. Day Year)<br>JAN 23 1992  |  | 34. HOUR OF DEATH<br>FILED  |  |
| 35. HEALTH OFFICER—SIGNATURE<br><i>Rosevelt Allen</i>  |  | 36. DATE RECEIVED BY HEALTH OFFICE<br>FEB 21 1984  |  | 37. COUNTY<br>LAKE COUNTY   |  |
| 38. PART I (a) IMMEDIATE CAUSE<br>Careless of color with extensive liver metastases  |  | 39. PART I (b) DUE TO OR AS A CONSEQUENCE OF   |  | 40. PART I (c) DUE TO OR AS A CONSEQUENCE OF  |  |
| 41. PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)   |  | 42. 01154  |  | 43. 24  |  |

6.00  
GMD

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**STOP**



*[Handwritten signature]*  
LAKELAND, INDIANA  
MAY 15 2014  
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