

5cc

Return: First Baptist
300 W. Ridge Rd Gary In 46408

69

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

92007104

INDIANA STATE BOARD OF HEALTH MEDICAL CERTIFICATE OF DEATH

State No.

Local No. **87 0193**

Below for State Office Use

- A _____
- B _____
- C _____
- D _____
- E _____
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LICENSE No. FDE 1016254

EMBALMER'S NAME Sherman G. Banks III

FUNERAL HOME
FUNERAL DIRECTOR'S SIGNATURE
FDE 1016254

TYPE OR PRINT IN PERMANENT INK FOR INSTRUCTIONS SEE HANDBOOK

DECEASED

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 NAME DATE THESE STATING THE UNDERLYING CAUSE LAST

CAUSE

DECEASED - NAME Alf Swift			SEX Male	DATE OF DEATH (MONTH DAY YEAR) March 20, 1987
RACE - (to a White, Black, American Indian or 1/2 each) Amer. Blk.	AGE - Last Birthday (MOS) (DAYS) (HOURS) (MIN) 83	UNDER 1 YEAR MOS	UNDER 1 DAY HOURS	DATE OF BIRTH (MO) (DAY) (YEAR) Nov. 27, 1903
CITY, TOWN OR LOCATION OF DEATH Gary		HOSPITAL OR OTHER INSTITUTION - Name if not in other part of certificate St. Mary Medical Center Gary		14 IN HOSP OR INST. (Specify DOA or Emer. An. Impound) (Specify) Inpatient
STATE OF BIRTH (if not in U.S.A. name & country) Tenn.	CITIZEN OF WHAT COUNTRY U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED (Specify) widow	SURVIVING SPOUSE (if wife give name & name) none	
SOCIAL SECURITY NUMBER 419-10-6384		USUAL OCCUPATION (Give kind of work done during most of working life begin at 15 years) retired laborer	KIND OF BUSINESS OR INDUSTRY Georgia Pacific	
RESIDENCE - STATE Indiana	COUNTY Lake	CITY, TOWN OR LOCATION Gary	16 INSIDE CITY LIMITS (Specify Yes or No) Yes	
STREET AND NUMBER 441 Tyler Street		17 IS RESIDENCE ON A FARM? NO	18	
19 IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN CUBAN PUERTO RICAN, ETC. NO				
FATHER - NAME (FIRST MIDDLE LAST) Hector Swift		MOTHER - MARDEN NAME (FIRST MIDDLE LAST) Mattie U/A		
INFORMANT - NAME (Type or print) RELATIONSHIP Kay Suggs daughter		MAILING ADDRESS (STREET OR R.F.D. NO.) 610 East 20th Ave. Gary, In. 46407		STATE In.
BURIAL, CREMATION, REMOVAL, OTHER (Specify) burial		CEMETERY OR CREMATORY - FUNERAL HOME Oakhill		LOCATION (CITY OR TOWN) STATE Gary In.
DATE (MONTH DAY YEAR) March 25, 1987		FUNERAL HOME - NAME AND ADDRESS Smith, Bizzell & Warner, Inc., 2995 St., Gary, Ind. 46		20
21a NAME OF ATTENDING PHYSICIAN (Type or print) Dr. W.E. Washington, M.D.		DATE SIGNED (MO) (DAY) (YEAR) 3-30-87		21c HOUR OF DEATH 4
21b MAILING ADDRESS, PHYSICIAN 1400 Broadway Gary, Indiana 46407		DATE RECEIVED BY HEALTH OFFICER MAR 31 1987		
HEALTH OFFICER - SIGNATURE James T. Hedrick, Jr.		22		
PART I 23 DUE TO, OR AS A CONSEQUENCE OF Coronary heart disease		Interval between onset and death		
(b) DUE TO OR AS A CONSEQUENCE OF myocardial infarction		Interval between onset and death		
(c)		Interval between onset and death		
PART II 24 OTHER SIGNIFICANT CONDITIONS (Conditions contributing to death but not related to cause given in PART I)		AUTOPSY (Specify Yes or No)		

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Gary Land Co's 1st Sub W. 36 B1.97
Key#44-97-29, unit # 25

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CERTIFIED BY:
Alvina E. Foster
 HEALTH COMMISSIONER
 CITY OF GARY, IND.
 DATE JAN 31 1992