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Below for State Office Use

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G Anna N. Antonas AUDITOR LAKE COUNTY
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92011516 Local No. 80-1016

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

State No. 1078

FUNERAL HOME No. 152

FUNERAL DIRECTOR'S LICENSE No. 1781

Field	Entry
DECEASED—NAME (First, Middle, Last) 1	Melvin B. Kee
SEX 2	Male
DATE OF DEATH 3	12-28-1980
RACE 4	Black
AGE 5a	29
DATE OF BIRTH 6	5-5-1951
COUNTY OF DEATH 7a	Lake
CITY, TOWN OR LOCATION OF DEATH 7b	Gary
HOSPITAL OR OTHER INSTITUTION 7c	Methodist Hospital
IF HOSP. OR INST. 7d	Inpatient
STATE OF BIRTH 8	Ind.
CITIZEN OF WHAT COUNTRY 9	U.S.A.
MARRIED, NEVER MARRIED, WIDOWED, DIVORCED 10	Never Married
SURVIVING SPOUSE 11	
WAS DECEDENT EVER IN U.S. ARMED FORCES? 12	No
SOCIAL SECURITY NUMBER 13	304-58-9361
USUAL OCCUPATION 14a	Unemployed
KIND OF BUSINESS OR INDUSTRY 14b	
RESIDENCE—STATE 15a	Ind.
COUNTY 15b	Lake
CITY, TOWN OR LOCATION 15c	Gary
STREET AND NUMBER 15d	1542 Noble St.
IS RESIDENCE ON A FARM? 15e	No
INSIDE CITY LIMITS 15f	Yes
IS DECEDENT OF HISPANIC DESCENT? 15g	No
FATHER—NAME 16	Wiley Kee
MOTHER—MAIDEN NAME 17	Bernice Morris
INFORMANT—NAME 18a / RELATIONSHIP	Wiley Kee, Father
MAILING ADDRESS 18b	1542 Noble St. Gary, Ind.
BURIAL, CREMATION, REMOVAL, OTHER 19a	Burial
CEMETERY OR CREMATORY—FUNERAL HOME 19b	Evergreen Memorial Park
LOCATION 19c	Hobart, Ind.
DATE 20a	1-2-1981
FUNERAL HOME—NAME AND ADDRESS 20b	Hinton-Williams 4859 Alexander Ave. East Chicago, Ind. 463..
To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated 21a (Signature)	Bernardo Saavedra MD
DATE SIGNED 21b	12-29-80
HOUR OF DEATH 21c	1:A M
NAME OF ATTENDING PHYSICIAN 21d	Bernardo Saavedra, M.D.
MAILING ADDRESS—PHYSICIAN 21e	5490 Broadway Plaza, Merrillville, IN 46410
HEALTH OFFICER—SIGNATURE 22a	E. H. Caldwell, M.D.
DATE RECEIVED BY LOCAL HEALTH OFFICER 22b	DEC 30 1980
PART I 23 IMMEDIATE CAUSE (a)	Severe Subarachnoid Hemorrhage
DUE TO OR AS A CONSEQUENCE OF (b)	
DUE TO OR AS A CONSEQUENCE OF (c)	
PART II OTHER SIGNIFICANT CONDITIONS	
AUTOPSY 24	

EMBALMER'S NAME John R. Williams

FUNERAL DIRECTOR'S SIGNATURE John R. Williams

Winters Powers Add. All Lt 5 Blk 5 Blk 2 #47-466-5

FEB 26 1992 ROBERT (BOB) FREE RECORDER

STATE OF INDIANA S.S. LAKE COUNTY FILED FOR RECORD

SBH 06-003 REV.10/77 State Form 35430

01078

R. Hickman ... 1820 E 142nd St E Chicago 46312

CERTIFIED BY:

Lillian E Foston MD MPH

HEALTH COMMISSIONER
CITY OF GARY, IND.

DATE OCT 24 1991