

Levens - Owen

TYPE OR PRINT
PLAINLY WITH
UNFADING INK
THIS IS
PERMANENT
RECORD

900
92011674 64 0517
Local No.

INDIANA STATE BOARD OF HEALTH
DIVISION OF VITAL RECORDS
MEDICAL CERTIFICATE OF DEATH

State No.

01425

Westerly
At 40
Avery 7.5' #39-509-40
Herbers P. Geisen
3302
364
FUNDAL DIRECTOR'S LICENSE NO.

PLACE OF DEATH
COUNTY
Lake

CITY, TOWN, OR LOCATION
Gary

NAME OF HOSPITAL OR INSTITUTION
Methodist Hospital

STREET ADDRESS
4138 Rutledge Street

DATE OF DEATH
April 21, 1964

NAME OF DECEASED
CHARLES TYLER

SEX
Male

COLOR OR RACE
White

DATE OF BIRTH
July 29, 1916

EDUCATION
Salesman

TOWNSEND, FONT. GARY, INDIANA

FATHER'S NAME
Frederick

MOTHER'S MAIDEN NAME
The Lake County Recorder

INFORMANT'S NAME
Mrs. Betty Jane Tyler

INFORMANT'S ADDRESS
4138 Rutledge St., Gary, Indiana

CAUSE OF DEATH
PART I DEATH WAS CAUSED BY:
IMMEDIATE CAUSE
DUE TO
DUE TO
DUE TO

CONDITION, IF ANY, WHICH GAVE RISE TO ABOVE CAUSE (a) outside the underlying cause list

ACCIDENT
HOMICIDE
SUICIDE

TIME OF INJURY

ATTENDING PHYSICIAN
I certify that I attended the decedent from 11/1/63 to 4/21/64 and last saw her alive on 4/21/64. Death occurred at 5:45 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

HEALTH OFFICER
I certify that I investigated cause of death of decedent and that death occurred at 5:45 P.M. on the date stated above, and to the best of my knowledge, from causes stated and in above date.

SIGNATURE OF ATTENDING PHYSICIAN
Dr. J. M. ...

HEALTH OFFICER
Sgt. Broodley

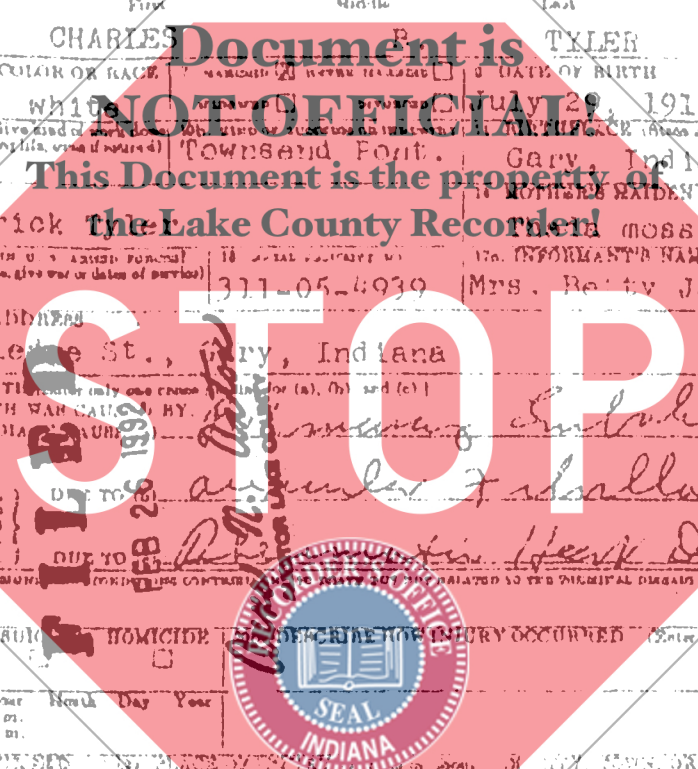
DATE REC'D BY LOCAL HEALTH OFFICER
Apr. 23, 1964

NAME OF FUNERAL DIRECTOR OR CREMATORY
Geisen Funeral Home

DATE OF CREMATION
Apr. 23, 1964

NAME OF FUNERAL DIRECTOR
Geisen Funeral Home

ADDRESS
Gary, Ill.



STATE OF INDIANA
FILED FOR RECORD
ROBERT GREGG FREELAND
RECORDER
FEB 26 3 38 PM '62

Disposition Permit
Provisional Certificate
Yes No

**Document is
NOT OFFICIAL!**

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the Lake County Recorder!**

STOP



CERTIFIED COPY
P. J. Rosenblom
HEALTH COMMISSIONER
CITY OF GARY, IND.
DATE APR 23 1964 ...