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PLAINLY; WITH
UNFAADING INK
THIS IS A
PERMANENT
RECORD

Below for State Office Use

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*2nd. Add Oak Meadow
Ht 12 # 49-445-13*

Local No. **87-0452**

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

State No. _____

EMBALMER'S NAME **Roosevelt Allen Jr.**
FUNERAL HOME LICENSE No. **1051701**
FUNERAL DIRECTOR'S LICENSE No. **1045736**
FUNERAL HOME No. **3007704**
FUNERAL DIRECTOR'S SIGNATURE *Patry J. Allen*

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 IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

CAUSE

DECEASED - NAME FIRST: WESLEY MIDDLE: MORRIS LAST: MALE		DATE OF DEATH (MONTH DAY YEAR) JULY 10, 1987	
RACE (e.g. White, Black, American Indian, etc.) BLACK	AGE (Last birthday) 99	UNDER 1 YEAR MONTHS: _____ DAYS: _____	UNDER 1 DAY HOURS: _____ MINUTES: _____
CITY, TOWN OR LOCATION OF DEATH GARY		HOSPITAL OR OTHER INSTITUTION 4445 West 25th Avenue	
STATE OF BIRTH (If not in U.S. name country) Mississippi	CITIZEN OF WHAT COUNTRY U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED ISABELLA AMACKER	IF HOSP. OR INST. a death cert. or burial certificate required Residence
SOCIAL SECURITY NUMBER 341-18-9577		USUAL OCCUPATION (If kind of work done during most of past 12 mos. specify) Surveyor	IND OF BUSINESS OR INDUSTRY State of Indiana
RESIDENCE - STATE Indiana	COUNTY Lake	CITY, TOWN OR LOCATION Gary	IF HOSP. OR INST. a death cert. or burial certificate required Yes
STREET AND NUMBER 4445 West 25th Avenue		IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	INSIDE CITY LIMITS (Specify Yes or No) Yes
IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
FATHER - NAME FIRST: WILLIAM MIDDLE: _____ LAST: MORRIS		MOTHER - MAIDEN NAME FIRST: MAGGIE MIDDLE: _____ LAST: PARKER	
INFORMANT - NAME (Type or print) Isabella Morris		RELATIONSHIP Wife	
MAILING ADDRESS 4445 West 25th Avenue, Gary, IN 46404		CITY OR TOWN GARY, INDIANA	
BURIAL, CREMATION, REMOVAL, OTHER (Specify) CREMATION		CEMETERY OR CREMATORY - FUNERAL HOME OAK HILL CEMETERY	
DATE (MONTH DAY YEAR) 7-13-87		LOCATION GARY, INDIANA	
FUNERAL HOME - NAME AND ADDRESS GUY & ALLEN FUNERAL DIRECTORS, INC.		STREET OR RFD NO. CITY OR TOWN STATE ZIP 2959 W. 11th Ave. Gary, IN	
To the best of my knowledge death occurred at the time, date and place and due to the causes stated 21a <i>Ned E. Fleming, M.D.</i>		DATE SIGNED (Mo. Day Year) 7-13-87	HOUR OF DEATH M
NAME OF ATTENDING PHYSICIAN (Type or Print) Ned E. Fleming, M.D.			
MAILING ADDRESS - PHYSICIAN 7905 Gallopink Rd. Gosh. Munster, IND. 46321		DATE RECEIVED BY LOCAL HEALTH OFFICER JUL 15 1987	
IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a) AND (b)) (a) Cardiorespiratory Arrest		Interval between onset and death	
DUE TO OR AS A CONSEQUENCE OF (b) Arteriosclerotic Cardiovascular Disease		Interval between onset and death	
(c) _____		Interval between onset and death	
OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART 1(a) Pneumonia		AUTOPSY (Specify Yes or No) 24	

SBH 06-001 State Form 35430 REV. 10/77

FILED

FEB 25 1992

Anna N. Anton
AUDITOR LAKE COUNTY

01205

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Health Commission



CERTIFIED COPY
 HEALTH COMMISSIONER
 CITY OF GARY, IND.
 DATE _____