

INDIANA STATE BOARD OF HEALTH  
MEDICAL CERTIFICATE OF DEATH

213641 W. 8-11-91  
6 APR. 11.11  
46407  
00726

FOR PRINT 92027226

ONLY WITH  
FADING PINK  
THIS IS A  
PERMANENT  
RECORD

Local No. 8a-0833

State No. DECEMBER 28, 1984

State Office

FUNERAL HOME

TYPE OF PRINT IN PERMANENT COPY FOR INSTRUCTIONS SEE HANDBOOK

USUAL RESIDENCE WHERE DECEASED LIVED IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION

PARENTS

DISPOSITION

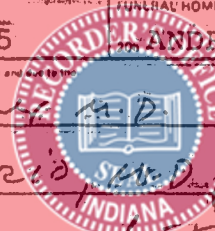
M.D. OR D.O.

CONDITIONS WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE

CAUSE

DECLASED NAME <b>FRANK MCINTOSH</b>		SEX <b>MALE</b>	DATE OF DEATH (MONTH DAY YEAR) <b>DECEMBER 28, 1984</b>
HAIR <b>BLACK</b>	AGE <b>76</b>	UNDER 1 DAY HOURS MIN	COUNTY OF DEATH <b>LAKE</b>
CITY, TOWN OR LOCATION OF DEATH <b>GARY</b>		HOSPITAL OR OTHER INSTITUTION <b>GARY MERCY</b>	
STATE OF BIRTH <b>ALABAMA</b>	CITIZEN OF WHAT COUNTRY <b>U.S.</b>	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <b>MARRIED</b>	SURVIVING SPOUSE (or wife's maiden name) <b>CLARICE CAMERON</b>
SOCIAL SECURITY NUMBER <b>311-07-0084</b>		INDUSTRIAL OCCUPATION (last held at work during most of working life) <b>RETIRED</b>	KIND OF BUSINESS OR INDUSTRY <b>INLAND STEEL</b>
RESIDENCE - STATE <b>INDIANA</b>		CITY, TOWN OR LOCATION <b>LAKE GARY</b>	IS RESIDENCE ON A FARM? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
RESIDENCE - NUMBER <b>1920 MARYLAND STREET</b>		INSIDE CITY LIMITS (SPECIFY YES OR NO) <b>YES</b>	
IS DECEASED OF SPANISH DESCENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
FATHER - NAME <b>HOWARD MCINTOSH</b>	MOTHER - MAIDEN NAME <b>VENNIE MCINTOSH</b>		
INFORMANT - NAME <b>CLARICE MCINTOSH</b>	RELATIONSHIP <b>DAUGHTER</b>	MAILING ADDRESS <b>1920 MARYLAND STREET GARY INDIANA 46407</b>	
HUMIAL, CREMATION, REMOVAL, OTHER <b>BURIAL</b>		CEMETERY OR CREMATORY - FUNERAL HOME <b>OAK HILL CEMETERY</b>	LOCATION <b>GARY, INDIANA</b>
DATE <b>JANUARY 2, 1985</b>		FUNERAL HOME - NAME AND ADDRESS <b>ANDREW SMITH F.H. 934 E. 21ST. AVE. GARY, IND.</b>	
NAME OF ATTENDING PHYSICIAN <b>M. J. ROSARIO</b>		DATE SIGNED <b>1/4/85</b>	HOUR OF DEATH
MAILING ADDRESS - PHYSICIAN <b>504 Broadway, Suite 708 Gary IN 46407</b>		DATE RECEIVED BY LOCAL HEALTH OFFICER <b>JAN 9 1985</b>	
IMMEDIATE CAUSE <b>Cardio-respiratory failure</b>		INTERVAL BETWEEN ONSET AND DEATH	
(a) DUE TO OR AS A CONSEQUENCE OF		INTERVAL BETWEEN ONSET AND DEATH	
(b) <b>Congestive heart failure</b>		INTERVAL BETWEEN ONSET AND DEATH	
(c) <b>Pulmonary edema</b>		INTERVAL BETWEEN ONSET AND DEATH	
OTHER SIGNIFICANT CONDITIONS		AUTOPSY	

Document is NOT OFFICIAL!  
This Document is the property of the Lake County Recorder!



FILED

APR 13 1992

FUNERAL DIRECTOR'S LICENSE NO.

FUNERAL HOME LICENSE NO.

Handwritten notes and signatures on the left margin, including 'LAWYER' and 'RE'.

EMBALMER'S NAME, FUNERAL DIRECTOR'S SIGNATURE

STATE OF INDIANA'S SING. LAKE COUNTY FILED FOR RECORD APR 13 1985

چند منظر



*James T. [Signature]*

JAN 9 1985