

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

Follow the State Office Rules

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Disposition Permit Issued
Provisional Certificate Yes No

EMBALMER'S NAME Benjamin Bizzell LICENSE No. 4526

FUNERAL HOME No. 248
FUNERAL DIRECTOR'S SIGNATURE *Benjamin Bizzell* FUNERAL DIRECTOR'S LICENSE No. 2397

CG-1030

INDIANA STATE BOARD OF HEALTH

Local No. **92035871** MEDICAL CERTIFICATE OF DEATH

PERMANENT INK SEE HANDBOOK FOR INSTRUCTIONS		DECLAIED-NAME FIRST HATTIE MIDDLE LAST CUNNINGHAM		SEX Female	DATE OF BIRTH (MONTH, DAY, YEAR) July 20, 1969
RACE Negro	AGE—LAST BIRTHDAY (YEARS) Mo. 52	UNDER 1 YEAR DOB. DAYS	UNDER 1 DAY HOURS MIN.	DATE OF DEATH (MONTH, DAY, YEAR) 12-23-1969	COUNTY OF DEATH Lake
CITY, TOWN, OR LOCATION OF DEATH Gary		HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN STREETS, GIVE STREET AND NUMBER) Methodist Hospital Gary, Indiana	MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> SURVIVING SPOUSE (IF YES, GIVE NAME & RELATIONSHIP)		
USUAL RESIDENCE WHERE DECEASED LIVED IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION Indiana Lake Gary		CITIZEN OF WHAT COUNTRY U.S.A.	WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	KIND OF BUSINESS OR OCCUPATION	
SOCIAL SECURITY NUMBER 358-09-2671		MOTHER'S MAIDEN NAME Madie McGinnis		U.S. Post Office Columbus	
RESIDENCE—STATE COUNTY CITY, TOWN, OR LOCATION OF RESIDENCE Indiana Lake Gary		ADDRESS 2337 Adams Street		CITY, TOWN, OR LOCATION OF RESIDENCE Gary, Indiana	
PARENTS FATHER—NAME FIRST MIDDLE LAST Carl Cunningham		MOTHER—MAIDEN NAME FIRST MIDDLE LAST Madie McGinnis		RELATIONSHIP Father	
INFORMANT—NAME Carl Cunningham		MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 2337 Adams St. Gary, Ind.		RELATIONSHIP TO DECEASED Father	
PART I. DEATH WAS CAUSED BY (SPECIFY CAUSE) Chronic bronchitis		ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c) Metastatic Carcinoma		OTHER CAUSES CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE Multiple Pathological functions	
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST Chronic bronchitis		OTHER CAUSES CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE Metastatic Carcinoma		OTHER CAUSES CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE Multiple Pathological functions	
SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE Multiple Pathological functions		SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE Multiple Pathological functions		SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE Multiple Pathological functions	
TIME OF DEATH MAY 29 1969		MONTH 7	DAY 20	YEAR 1969	HOUR 7:30
PHYSICIAN'S NAME (TYPE OR PRINT) Wm. R. Lewis, M.D.		CITY OR TOWN Gary		STATE Indiana	
MAILING ADDRESS—PHYSICIAN 4395 West 5th. Ave.		CITY OR TOWN Gary		STATE Indiana	
BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		CEMETERY, CREMATORY, FUNERAL HOME Pern Oak Cemetery		LOCATION Griffith, Indiana	
DATE (MONTH, DAY, YEAR) July 24, 1969		FUNERAL HOME—NAME AND ADDRESS Smith & Bizzell 2295 Wash. St. Gary, Ind. 46407		CITY OR TOWN Gary	
HEALTH OFFICER'S SIGNATURE <i>P. J. Rosenblom, M.D.</i>		DATE RECEIVED BY LOCAL HEALTH CENTER JUL 25 1969			



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STOP



APR 23 1982

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CERTIFIED BY

Kevin E. Johnson, M.D.

HEALTH COMMISSIONER
CITY OF GARY, IND.

DATE APR 23 1982