

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

92039389

Gary Heights, h. 35 + h. 36 (B). 9 Key # 43-161-28
unit # 25

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

Local No. **80 0411**

State No. _____

TYPE OR PRINT IN PERMANENT INK FOR INSTRUCTIONS SEE HANDBOOK

1. DECEASED—NAME FIRST MIDDLE LAST Roosevelt Freeman		SEX Male	DATE OF DEATH (MONTH, DAY, YEAR) May 19, 1980
2. RACE—(a) White, Black, American Indian, etc. (Specify) Black	AGE—Last Birthday (Month, Day) 46	3. UNDER 1 YEAR MONTHS DAYS HOURS MINUTES	4. DATE OF BIRTH (MO, DAY, YR) 12/24/1933
5. CITY, TOWN OR LOCATION OF DEATH Gary	6. HOSPITAL OR OTHER INSTITUTION—(Name if not in column 5, give street and number) Methodist Hospital		7. COUNTY OF DEATH Lake
8. STATE OF BIRTH (If not in U.S.A., name country) Oklahoma	9. CITIZEN OF WHAT COUNTRY U.S.A.	10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	11. SURVIVING SPOUSE (If not in column 10, give maiden name) Edna Mae Hodges
12. SOCIAL SECURITY NUMBER 511-30-3638	13. USUAL RESIDENCE WHERE DECEASED LIVED (If death occurred in institution, give residence before admission) STATE COUNTY CITY, TOWN OR LOCATION Indiana Lake Gary	14. DRIVER INSTRUCTOR Driver Instructor	15. KIND OF BUSINESS OR INDUSTRY General Services City of Gary
16. STREET AND NUMBER 1433 Wallace St.	17. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		18. INSIDE CITY LIMITS? (Specify Yes or No) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
19. IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
20. FATHER—NAME (FIRST, MIDDLE, LAST) Buddy Freeman		21. MOTHER—MAIDEN NAME (FIRST, MIDDLE, LAST) Mary Frison	
22. INFORMANT—NAME (Type or print) Edna Mae Freeman		23. MAILING ADDRESS—STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP 1133 Wallace St. Gary Indiana 46404	
24. BURIAL, CREMATION, REMOVAL OTHER (Specify) Burial		25. CEMETERY OR CREMATORY—FUNERAL HOME LOCATION CITY OR TOWN STATE Evergreen Cemetery Hobart, Indiana	
26. DATE (MONTH, DAY, YEAR) 5/23/80		27. FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) Guy & Allen Funeral Directors 2959 W. 14th Ave. Gary, Ind.	
28. NAME OF ATTENDING PHYSICIAN (Type or Print) R. A. Novanessian		29. DATE SIGNED (MO, DAY, YR) 5/23/80	30. HOUR OF DEATH 11:00
31. MAILING ADDRESS—PHYSICIAN 7863 Broadway Merrillville, Indiana 46410		32. HEALTH OFFICER—SIGNATURE H. Caldwell, M.D.	
33. IMMEDIATE CAUSE Acute Superior infarction		34. DATE RECEIVED BY LOCAL HEALTH OFFICER MAY 24 1980	
35. PART I (a) DUE TO OR AS A CONSEQUENCE OF Cardiogenic shock		Interval between onset and death	
35. PART I (b) DUE TO OR AS A CONSEQUENCE OF		Interval between onset and death	
35. PART I (c) DUE TO OR AS A CONSEQUENCE OF		Interval between onset and death	
36. PART II OTHER SIGNIFICANT CONDITIONS—(Conditions contributing to death but not related to cause given in PART I)		AUTOPSY (Specify Yes or No) No	

Below for State Office Use

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LICENSE No. 5170

FUNERAL HOME No. 170
FUNERAL DIRECTOR'S LICENSE No. 270

EMBALMER'S NAME: Roosevelt Allen

FUNERAL DIRECTOR'S SIGNATURE: Robert Rec...
ROBERT REC... JUN 18 1980

Disposition Permit Issued 5/21/80
Provisional Certificate
 Yes No

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STATE ACCOUNT LEAD FOR REPORT



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E. H. Caldwell
CERTIFIED COPY
HEALTH COMMISSIONER
CITY OF GARY, IND.
DATE: MAY 27 1980