

TYPE OR PRINT
PLAINLY WITH
UNFADING INK

THIS IS A
PERMANENT
RECORD

Flow for State Office Use

- A _____
- B _____
- C _____
- D _____
- E _____
- F _____
- G _____
- H _____
- I _____
- J _____
- K _____
- L _____
- 1 _____
- 2 _____
- 3 _____
- 4 _____
- 5 _____
- 6 _____
- 7 _____
- 8 _____
- 9 _____
- 10 _____
- 11 _____
- 12 _____

98047870
8-0787

INDIANA STATE BOARD OF HEALTH MEDICAL CERTIFICATE OF DEATH

WORK + Reiphore Pro. Corp
640 W. 5th AVE
Gary 44402
State No. _____

010910

Local No. _____

FUNERAL HOME
No. 770

FUNERAL DIRECTOR'S
LICENSE No. 270

LICENSE No. 5170

EMBALMER'S NAME Roosevelt Allen

FUNERAL DIRECTOR'S SIGNATURE *Joseph A. 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	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH DAY YEAR)	
1 Inez Crudup					Female	Oct. 17, 1981	
RACE - (Specify Black, American Indian, or Hispanic)	AGE - (Last Birthday)	UNDER 1 YEAR		UNDER 1 DAY	DATE OF BIRTH (Mo. Day Yr.)		COUNTY OF DEATH
4: Black	66	MO. DAY	MO. DAY		. 9/17/1915		Lako
CITY, TOWN OR LOCATION OF DEATH				HOSPITAL OR OTHER INSTITUTION - (Name if not at home give street and number)		IF DECEASED IN INSTITUTION (Specify)	
7a Gary				7c St. Mary's Medical Center		7d Ind.	
STATE OF BIRTH (If not in U.S. A. name country)	CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED WIDOWED DIVORCED (Specify)		SURVIVING SPOUSE (Name and address)		WAS DECEASED EVER IN U.S. ARMY OR FORCE? (Specify Yes or No)	
8: Miss.	U.S.A.	19 Married		11 Mark Crudup		No	
SOCIAL SECURITY NUMBER				USUAL OCCUPATION (Specify kind of work during most of working life, give if retired)	KIND OF BUSINESS OR INDUSTRY		STATE OF DEATH
13 Indiana				14a Housewife	14b		IN
RESIDENCE - STATE		COUNTY	CITY, TOWN OR LOCATION		RESIDENCE ON A FARM?		INDICATE CITY LIMITS (Specify Yes or No)
15a Indiana		Lake	Gary		15b YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		15c Yes
15d 1180 Jackson St.				15e		15f	
18 DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC							
19a YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
FATHER - NAME		FIRST	MIDDLE	LAST	MOTHER - MAIDEN NAME		FIRST MIDDLE LAST
19 Givan				Carouters	Barron		Griffin
INFORMANT - NAME (Type or print)		RELATIONSHIP		MAILING ADDRESS		CITY OR TOWN	STATE ZIP
10 Mark Crudup (Husband)				1180 Jackson St.		Gary, Indiana	46407
BURIAL, CREMATION, REMOVAL, OTHER (Specify)				CEMETERY OR CREMATORY - FUNERAL HOME		LOCATION	
19a Burial				19b Oak Hill Cemetery		19c Gary, Indiana	
DATE (MONTH, DAY, YEAR)		FUNERAL HOME - NAME AND ADDRESS				(STREET OR R.F.D. NO. CITY OR TOWN, STATE ZIP)	
20a 10/22/1981		Guy & Allen Funeral Directors				2959 W. 11th Ave. Gary, Ind.	
To the best of my knowledge, death occurred at the time, date, and place stated hereon					DATE SIGNED (Mo. Day Yr.)		HOUR OF DEATH
21a (Signature) <i>David D. Chubb</i>					10/22/81		M
NAME OF ATTENDING PHYSICIAN (Type or Print)							
21d David D. Chubb, M.D.							
MAILING ADDRESS - PHYSICIAN							
21e P. O. Box 209							
HEALTH OFFICER - SIGNATURE					DATE RECEIVED BY HEALTH OFFICER		
22a					22b		
22. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR IN. IN. AND III)					JUL 23 1983		
PART I (a) Massive Cerebral Hemorrhage					Interval between onset and death		
(b) Hypertensive Cardiovascular Disease					Interval between onset and death		
(c) Diabetes Mellitus					Interval between onset and death		
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I (a)					AUTOPSY (Specify Yes or No)		
24					24		

FILED

Anna N. Anton
AUDITOR LAKE COUNTY

68



CERTIFIED COPY

E. N. Caldwell, Jr.
Recorder's Office
CITY OF GARY, IND.
OCT 28 1981