

94005998

INDIAN STATE BOARD OF HEALTH

Local No.

92-0179

CERTIFICATE OF DEATH

State No.

TYPE/PRINT IN PERMANENT BLACK INK

DECEASED

PARENTS

INFORMANT

DISPOSITION

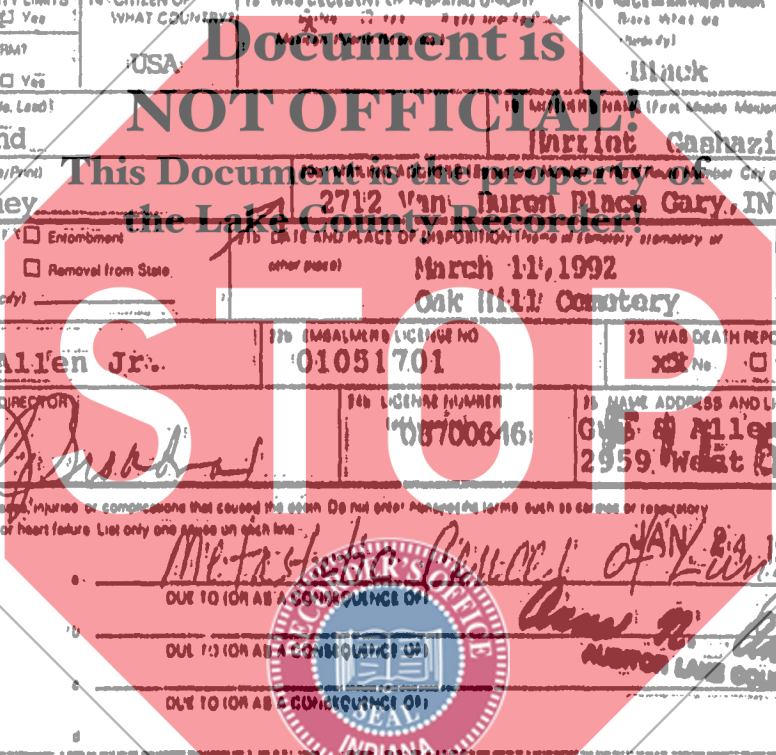
CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

CORONER USE ONLY

DECEASED NAME (First Middle Last) <b>Stella J. Wall</b>		SEX <b>Female</b>	TIME OF DEATH <b>5:00 a.m.</b>	DATE OF DEATH (Month Day Year) <b>March 9, 1992</b>
SOCIAL SECURITY NUMBER <b>316-14-1790</b>		AGE - Last Birthday (Years) <b>74</b>	UNDER 1 YEAR (Months Days) <b>None</b>	DATE OF BIRTH (Month Day Year) <b>October 5, 1917</b>
BIRTHPLACE (City and State or Foreign Country) <b>Brierfield, Alabama</b>		MANNER OF DEATH (Check one) <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Homicide		
FACILITY NAME (If not in Union, give street and number) <b>Methodist Hospital - Northlake</b>		CITY/TOWN OR LOCATION OF DEATH <b>Gary</b>		
COUNTY OF DEATH <b>Lake</b>		STATE OF DEATH <b>Indiana</b>		
MARRITAL STATUS (Specify) <b>Widowed</b>		DECEDENT'S USUAL OCCUPATION (One and if more jobs during year of death do not use retail) <b>Teacher</b>		
RESIDENCE - STATE <b>Indiana</b>		CITY/TOWN OR LOCATION <b>Gary</b>		
RESIDENCE - COUNTY <b>Lake</b>		STREET AND NUMBER <b>2553 Van Buren Place</b>		
RESIDENCE - ZIP CODE <b>46407</b>		RACE - American Indian, Black, White, or Other (Specify) <b>Black</b>		
EDUCATION (Specify highest grade completed) <b>12th</b>		FATHER'S NAME (First Middle Last) <b>Alex Moreland</b>		
MOTHER'S NAME (First Middle Last) <b>Therint Cashazier</b>		INFORMANT'S NAME (Type/Print) <b>Betty J. Looney</b>		
RELATIONSHIP <b>Daughter</b>		DATE AND PLACE OF DISPOSITION (Home, cemetery, or other place) <b>March 11, 1992 Oak Hill Cemetery</b>		
LOCATION - City or Town, State <b>Gary, Indiana</b>		EMBALMER'S NAME <b>Roosevelt Allen Jr.</b>		
EMBALMER'S LICENSE NO. <b>01051701</b>		WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
SIGNATURE OF FUNERAL DIRECTOR <i>[Signature]</i>		LICENSE NUMBER <b>08700616</b>		
NAME ADDRESS AND LICENSE NUMBER OF FUNERAL HOME <b>8300770 Gus &amp; Allen Funeral Directors, Inc. 2959 West 11th Ave. Gary, IN. 46407</b>		PART I: IMMEDIATE CAUSE (Final disease or condition resulting in death) <b>Myocardial Infarction of Left Ventricle</b>		
CONDITIONS, if any, which gave rise to the immediate cause, stating the underlying cause last <b>Coronary Artery Disease</b>		PART II: Other significant conditions - Conditions contributing to death but not proximate cause <b>Coronary Artery Disease</b>		
CERTIFIER (Check only one) <input checked="" type="checkbox"/> CERTIFYING PHYSICIAN <input type="checkbox"/> HEALTH OFFICER <input type="checkbox"/> CORONER		SIGNATURE AND TITLE OF CERTIFIER <b>Barbara L. Fuller, M.D.</b>		
MEDICAL LICENSE NO. <b>01034701</b>		DATE SIGNED (Month Day Year) <b>3/16/92</b>		
NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH <b>Barbara L. Fuller, M.D. 3224 Broadway Gary, IN 46409</b>		HEALTH OFFICER'S SIGNATURE <i>[Signature]</i>		
DATE FILED (Month Day Year) <b>MAR 19 1992</b>		MANNER OF DEATH (Check one) <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Homicide		
DATE OF INJURY (Month Day Year)		TIME OF INJURY		INJURY AT WORK? (Yes or no)
PLACE OF INJURY - All home farm street factory office (Specify)		LOCATION (Street and Number or Rural Route Number, City or Town, State)		
DATE PRONOUNCED DEAD (Month Day Year)		MOTOR VEHICLE ACCIDENT? (Yes or no) If yes specify driver, passenger, pedestrian, etc. <b>600</b>		



#42-204-18  
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