

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

Below for State Office Use

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46-589-5
#

EMBALMER'S NAME: Ede Warner
 FUNERAL DIRECTOR'S SIGNATURE: Ede Warner
 LICENSE No. 1960
 FUNERAL HOME: 248
 I.C.F.S. No. 1994
FILED

94026632
Local No. 02-0173

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

Levene Dixon
2620 Tyler St.
GARY IN 409
004726400

DECEASED NAME HATTIE B. HENDRICKS		SEX FEMALE	DATE OF DEATH (MONTH DAY YEAR) JULY 13 1982
RACE AMER. BLK.	AGE - Last Birthday 66	DATE OF BIRTH (MO DAY YEAR) May 19, 1916	COUNTY OF DEATH LAKE
CITY, TOWN OR LOCATION OF DEATH GARY		HOSPITAL OR OTHER INSTITUTION GARY MERCY MEDICAL CENTER	TYPE OF DEATH INPATIENT
CITIZEN OF WHAT COUNTRY MISSISSIPPI	CITIZEN OF WHAT COUNTRY U.S.A.	MARRIED NEVER MARRIED, WIDOWED DIVORCED MARRIED	WAS DECIDENT EVER IN U.S. ARMED FORCES? NO
SOCIAL SECURITY NUMBER 304-72-9937	USUAL OCCUPATION (10 - 14) HOUSEWIFE	KIND OF BUSINESS OR INDUSTRY HOMEMAKER	
RESIDENCE - STATE INDIANA	COUNTY LAKE	CITY, TOWN OR LOCATION GARY	
STREET AND NUMBER 1987 MADISON STREET		IS RESIDENCE ON A FARM? NO	INSIDE CITY LIMITS? YES
IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. NO			
FATHER - NAME CHARLES ARMSTRONG		MOTHER - MAIDEN NAME HITTIE KINNIEBREW	
INFORMANT - NAME (Type or Print) LINTON HENDRICKS (HUSB.)		RELATIONSHIP HUSB.	
Mailing Address 1987 MADISON STREET GARY INDIANA 46407		Mailing Address GARY INDIANA 46407	
BURIAL, CREMATION, REMOVAL, OTHER BURIAL		CEMETERY OR CREMATORY - FUNERAL HOME EVERGREEN CEMETERY	
DATE (MONTH DAY YEAR) JULY 13, 1982		FUNERAL HOME - NAME AND ADDRESS SMITH BIZZELL & WARNER, INC., 2295 WASH ST., GARY, IND. 46407	
NAME OF ATTENDING PHYSICIAN (Type or Print) DR. J. KORN, M.D.		DATE SIGNED (MO DAY YEAR) 8 July 1982	
MAILING ADDRESS - PHYSICIAN 3290 GRANT STREET GARY, INDIANA 46408		DATE RECEIVED BY LOCAL HEALTH OFFICER JUL 14 1982	
HEALTH OFFICER - SIGNATURE E. N. Caldwell, M.D.		DATE RECEIVED BY LOCAL HEALTH OFFICER JUL 14 1982	
IMMEDIATE CAUSE Coronary thrombosis		INTERVAL BETWEEN ONSET AND DEATH 18 days	
OTHER SIGNIFICANT CONDITIONS		INTERVAL BETWEEN ONSET AND DEATH	

USUAL RESIDENCE WHERE DECEASED LIVED AT DEATH OCCURRED IN RESIDENCE. GIVE RESIDENCE BEFORE ADMISSION

PARENTS

DISPOSITION

M.D. OR D.D.

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATED IN UNDERLYING CAUSE LAST

CAUSE

MD 600