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

94026977

Local No. 75 0672

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

State No.

PERMANENT INK SEE HANDBOOK FOR INSTRUCTIONS

DECEASED

1. NAME — First: Gloria Middle: Elaine Last: Mohn
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): June 24, 1975
4. RACE: Negro
5. AGE — Last Birthday (Years): 35 Under 1 Year (Mos. Days): Under 1 Day (Hours, Min.):
6. DATE OF BIRTH (Month, Day, Year): 12-27-39
7. COUNTY OF DEATH: Lake
8. CITY, TOWN, OR LOCATION OF DEATH: Gary
9. INSIDE CITY LIMITS (Specify Yes or No): Yes
10. HOSPITAL OR OTHER INSTITUTION — NAME (If not in either, give street and number): Methodist Hospital
11. STATE OF BIRTH (If not in U.S.A., name country): Indiana
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
14. SURVIVING SPOUSE (If wife, give maiden name): Willie B. Mohn
15. SOCIAL SECURITY NUMBER: 314-42-9613
16. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Nurses Aide
17. KIND OF BUSINESS OR INDUSTRY: Medical Industry
18. RESIDENCE — STATE: Indiana
19. COUNTY: Lake
20. CITY, TOWN, OR LOCATION: Gary
21. INSIDE CITY LIMITS (Specify Yes or No): yes
22. STREET ADDRESS (If rural, give box or R.F.D. number): 1936 Roosevelt Place
23. WAS DECEASED EVER IN U.S. ARMED FORCES?: No
24. IS RESIDENCE ON A FARM?: No

PARENTS

25. FATHER — NAME: First: William Middle: Last: Anderson
26. MOTHER — MAIDEN NAME: First: Doris Middle: Last: Givens

INFORMANT

27. NAME: Willie B. Mohn
28. RELATIONSHIP: Husband
29. MAILING ADDRESS (Street and R.F.D. number, City or Town, State, Zip): 1936 Roosevelt Place, Gary, Ind.

CAUSE

PART I — DEATH WAS CAUSED BY (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)

IMMEDIATE CAUSE (a): Abscess of Tail of Pancreas with Subdiaphragmatic Spread

DUE TO OR AS A CONSEQUENCE OF (b): Acute Cholecystitis

DUE TO OR AS A CONSEQUENCE OF (c): Liver Abscess secondary to number one

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST

PART II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (b): Status Post Splenectomy

Obesity

AUTOPSY: Yes ☐ No ☐

IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH: Yes ☐ No ☐

DATE & TIME OF DEATH (Month, Day, Year, Hour): June 24, 1975

DATE SIGNED (Month, Day): June 26, 1975

PHYSICIAN — NAME AND ADDRESS (Type or Print): Last in attendance

M.D. or D.O.

P.O. Address: R. E. Grant, M.D., Inc.

1706 Broadway Gary, Indiana 46407

PHY. CODE NO.

DISPOSITION

BURIAL, CREMATION, REMOVAL (Specify): BURIAL

CEMETERY, CREMATORY, FUNERAL HOME: OAK HILL CEMETERY

LOCATION — CITY OR TOWN: GARY STATE: INDIANA

DATE (Month, Day, Year): 6-28-1975

FUNERAL HOME — NAME AND ADDRESS (Street and R.F.D. No., City or Town, State, Zip): ALLEN FUNERAL DIR., 705 W. 11th Ave. Gary, Indiana 46404

HEALTH OFFICER — SIGNATURE:

DATE RECEIVED BY LOCAL HEALTH DISTRICT: JAN 30 1975

113-3

00579

EMBALMER'S NAME: ROOSEVELT ALLEN JR.

FUNERAL DIRECTOR'S SIGNATURE: Wiley L. Allen

FUNERAL HOME No. 770

FUNERAL DIRECTOR'S LICENSE No. 659

EMBALMER'S LICENSE No. 5170

Dispensation Permit Issued: / Provisional Certificate Yes ☐ No

Mg # 43-78-11 Stamped 11-1-78 Mg # 43-78-11 Stamped 11-1-78

Burial 10/4

FILED APR 17 1994 Clerk Lake County

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