

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

Below for State Office Use

- A _____
- B _____
- C _____
- D _____
- E _____
- F _____
- G _____
- H _____
- I _____
- J _____

The Lyon Add
Hob 214 22
Key # 45-39-21
Unit # 25

Disposition Permit
Issued / /
Provisional
Certificate
 Yes No

EMBALMER'S NAME: Roosevelt Allen
FUNERAL DIRECTOR'S SIGNATURE: *Rosevelt Allen*
LICENSE No. 5170
FUNERAL DIRECTOR'S LICENSE No. 270

Local No. 82-0791

INDIANA STATE BOARD OF HEALTH
CORONER'S CERTIFICATE OF DEATH

State No. _____

TYPE OR PRINT IN PERMANENT INK FOR INSTRUCTIONS SEE HANDBOOK

DECEASED

IF DEATH OCCURRED IN INSTITUTION, SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS.

PARENTS

DISPOSITION

CERTIFIER

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

CAUSE

DECEASED—NAME 1. Howard S. Stamps			SEX 2. Male	DATE OF DEATH (MONTH, DAY, YEAR) 3. Nov. 19, 1982
RACE—(e.g. White, Black, American Indian, etc.) (Specify) 4. Black	AGE—Last Birthday (Yrs) 5a. 66	UNDER 1 YEAR 5b. MOS	UNDER 1 DAY 6. HOURS	DATE OF BIRTH (Mo., Day, Yr.) 7. 2/29/1916
CITY, TOWN OR LOCATION OF DEATH 7b. Gary		HOSPITAL OR OTHER INSTITUTION—(Name if not in other, give street and number) 7c. 518 Washington St.		IF HOSP. OR INST. Indicate DOA, OP, or Am. Inst. (Specify) 7d. _____
STATE OF BIRTH (If not in U.S.A. name country) 8. Miss.	CITIZEN OF WHAT COUNTRY 9. U.S.A.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 10. Married	SURVIVING SPOUSE (If wife, give maiden name) 11. Liz Pye	
SOCIAL SECURITY NUMBER 13. 425-10-8369		USUAL OCCUPATION (Give kind of work done during most of working life even if retired) 14a. Plumber	KIND OF BUSINESS OR INDUSTRY 14b. Self-employed	
RESIDENCE—STATE 15a. Indiana	COUNTY 15b. Lake	CITY, TOWN OR LOCATION 15c. Gary	IS RESIDENCE ON A FARM? 15d. NO	INSIDE CITY LIMITS SPECIFY YES OR NO 15e. NO
STREET AND NUMBER 15d. 2280 Taft St.		IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. 15g. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
FATHER—NAME FIRST MIDDLE LAST 16. Garrett Stamps		MOTHER—MAIDEN NAME FIRST MIDDLE LAST 17. _____		
INFORMANT—NAME RELATIONSHIP 18a. Liz Stamps (Wife)		MAILING ADDRESS STREET OR R.F.D. NO. 18b. 2280 Taft St.	CITY OR TOWN 18c. Gary, Indiana	STATE 18d. 46404
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a. Burial		CEMETERY OR CREMATORY—FUNERAL HOME 19b. Evergreen Cemetery	LOCATION CITY OR TOWN STATE 19c. Hobart, Indiana	STATE OF INDIANA FILED IN _____
DATE (MONTH, DAY, YEAR) 20a. 11/24/82	FUNERAL HOME—NAME AND ADDRESS 20b. Guy & Allen Funeral Directors 2959 W. 11th Ave. Gary, Ind.		STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP 20c. _____	
On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) stated.		DATE SIGNED (Mo., Day, Yr.) 21b. 11-23-82	HOUR OF DEATH 21c. 10:06 a.	
21a. Signature <i>Albert T. Willardo, M.D.</i>		PRONOUNCED DEAD (Mo., Day, Yr.) 21d. ON 11-19-82	PRONOUNCED DEAD (Hour) 21e. 10:06 a.	
NAME AND ADDRESS OF CERTIFIER (Type or Print) 21f. ALBERT T. WILLARDO, M.D., 2293 NORTH MAIN ST., CROWN POINT, IN. 46307		DATE RECEIVED BY LOCAL HEALTH OFFICER 22b. NOV 30 1982		
HEALTH OFFICER'S SIGNATURE 22a. <i>Rosevelt Allen</i>		DATE RECEIVED BY LOCAL HEALTH OFFICER 22b. NOV 30 1982		
IMMEDIATE CAUSE 23. Vascular collapse		Interval between onset and death Undetermined		
DUE TO, OR AS A CONSEQUENCE OF: (a) Due to arteriosclerotic heart & vascular disease		Interval between onset and death _____		
DUE TO OR AS A CONSEQUENCE OF: (b) _____		Interval between onset and death _____		
DUE TO OR AS A CONSEQUENCE OF: (c) _____		Interval between onset and death _____		
OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a) PART II		AUTOPSY (Specify Yes or No) 24. No		
ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify) 25a. NATURAL	DATE OF INJURY (Mo., Day, Yr.) 25b. _____	HOUR OF INJURY 25c. M	DESCRIBE HOW INJURY OCCURRED 25d. _____	
INJURY AT WORK (Specify Yes or No) 25e. _____	PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 25f. _____	LOCATION 25g. _____	STREET OR R.F.D. NO. _____	CITY OR TOWN STATE 600