

5cc
TYPE OR PRINT
PLAINLY WITH
UNFADING INK

THIS IS A
PERMANENT
RECORD

94029897 403-78

Local No.

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

State No.

PERMANENT INK
SEE HANDBOOK FOR
INSTRUCTIONS

DECEASED NAME	FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH, DAY, YEAR)
1. Pansy Perry Jr.				2. male	3. 3-22-78
RACE	AGE—LAST BIRTHDAY (YEAR)	UNDER 1 YEAR MOS	UNDER 1 DAY HOURS MIN	DATE OF BIRTH (MONTH, DAY, YEAR)	COUNTY OF DEATH
4. Black				10-13-1923	7a. Lake
CITY, TOWN, OR LOCATION OF DEATH	INSIDE CITY LIMITS (SPECIFY YES OR NO)	HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)			
7b. Merrillville	7c. yes	7d. Broadway Methodist Hosp.			
STATE OF BIRTH (IF NOT IN U.S., GIVE NAME AND COUNTRY)	CITIZEN OF (U.S. OR FOREIGN COUNTRY)	MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>		SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)	
8. Alabama	USA	9. DOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		11. Earline Sanders	
USUAL RESIDENCE WHERE DECEASED LIVED IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION	SOCIAL SECURITY NUMBER	USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)		KIND OF BUSINESS OR INDUSTRY	
12. Indiana	423-20-5932	13. Labor		13b. R. Jonally & Sons Co.	
RESIDENCE—STATE	COUNTY	CITY, TOWN OR LOCATION	INSIDE CITY LIMITS (SPECIFY YES OR NO)	TOWNSHIP	
14a. Ind.	14b. Lake	14c. Gary	14d. yes	14e. Calumet	
STREET AND NUMBER	14f. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, give war or dates of service)		14g. IS RESIDENCE ON A FARM? (Yes, give war or dates of service)		
14f. 1631 N. 12th Ave.	14g. No		14h. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		

FATHER—NAME	FIRST	MIDDLE	LAST	MOTHER—MAIDEN NAME	FIRST	MIDDLE	LAST
15. Pansy Perry Sr. (D)				16. Mattie Smithson			
INFORMANT—NAME	RELATIONSHIP	MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)					
17a. Earline Perry	17b. wife	1631 N. 12th Ave. Gary, Ind.					

PART I. DEATH WAS CAUSED BY.	[ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE	(a)	(b)	(c)	
1. Perineal Cancer				2 1/2 AM '78
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (A), STATING THE UNDERLYING CAUSE LAST	DUE TO, OR AS A CONSEQUENCE OF:			
	2. Pulmonary Embolism			
	DUE TO, OR AS A CONSEQUENCE OF:			

PART II. OTHER SIGNIFICANT CONDITIONS GIVEN IN PART I (A)	CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE	AUTOPSY YES <input type="checkbox"/> NO <input type="checkbox"/>	IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH
		19a.	19b. YES <input type="checkbox"/> NO <input type="checkbox"/>

DATE & TIME OF DEATH	MONTH	DAY	YEAR	HOUR	DATE SIGNED	MONTH	DAY	YEAR

PHYSICIAN'S NAME (TYPE OR PRINT) LAST IN ATTENDANCE	SIGNATURE OF PHYSICIAN		PHY. CODE NO.
21. M.D.	21a.		
22a. Mailing Address—Physician	STREET OR R.F.D. NO.	CITY OR TOWN	STATE ZIP
22b.			

BURIAL, CREMATION, REMOVAL (SPECIFY)	CEMETERY, CREMATORY, FUNERAL HOME	LOCATION	CITY OR TOWN	STATE
23. Burial	24b. Evergreen Cem.	24c. Robart, Ind.		
DATE (MONTH, DAY, YEAR)	FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)			
24a. 3-23-78	25a. Towns Funeral Home, Gary, Ind.			

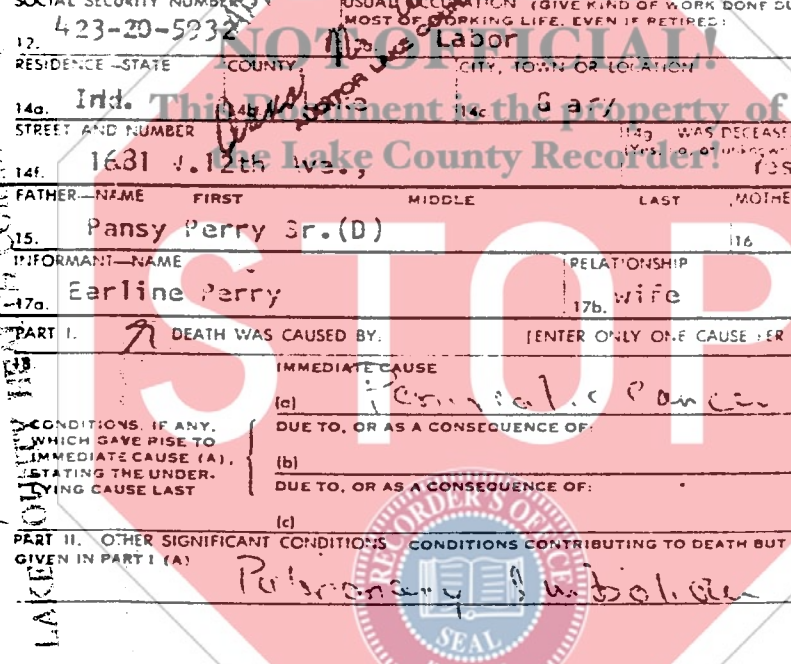
HEALTH OFFICER—SIGNATURE	DATE RECEIVED BY LOCAL HEALTH OFFICER
26a. [Signature]	26b. 3-31-78

Below for State Office Use

- A _____
- B _____
- C _____
- D _____
- E _____
- F _____
- G _____
- H _____
- I _____
- J _____
- 1 _____
- 2 _____
- 3 _____
- 4 _____
- 5 _____
- 6 _____
- 7 _____
- 8 _____

Disposition Permit Issued / /
Provisional Certificate
 Yes No

FUNERAL HOME No. 249
FUNERAL DIRECTOR'S LICENSE No. 627
EMBALMER'S NAME E.M. I. Wins
FUNERAL DIRECTOR'S SIGNATURE [Signature]



See page 110
LAKE COUNTY RECORDER

8213

UNDER 21



600