

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

68-1280
Derry C. Gray
2210 W. 11th Ave., Gary
46404

INDIANA STATE BOARD OF HEALTH
DIVISION OF VITAL RECORDS
MEDICAL CERTIFICATE OF DEATH

State
No.

DECEASED—NAME 1. VIRGIE Mc GAUGHY		SEX 2. F.	DATE OF DEATH (MONTH, DAY, YEAR) 3. 8-29-1968
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY) 4. Negro	AGE—LAST BIRTHDAY YEARS 5a. 50	UNDER 1 YEAR MONTHS DAYS HOURS MIN DATE OF BIRTH (MONTH, DAY, YEAR) 6. 4-7-1918	COUNTY OF DEATH 7a. Lake
CITY, TOWN, OR LOCATION OF DEATH 7b. Gary	INSIDE CITY LIMITS SPECIFY YES OR NO 7c. yes	HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET NUMBER) 7d. Methodist Hosp.	
DECEASED STATE OF BIRTH (IF NOT IN U.S.A. NAME COUNTRY) 8. Ark.	CITIZEN OF WHAT COUNTRY 9. USA	MARRIED NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 10. married	SURVIVING SPOUSE (IF WIFE, GIVE NAME) 11. Calvin Mc Gaughy
USUAL RESIDENCE WHERE DECEASED LIVED IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 12. Ind.	USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE EVEN IF RETIRED) 13. LABORER	13b. \$50.00	13c. 711
SOCIAL SECURITY NUMBER 14a. 9609711	RESIDENCE—STATE COUNTY 14b. Ind. Lake	INSIDE CITY LIMITS SPECIFY YES OR NO 14c. YES	TOWNSHIP 14d. Calumet
STREET AND NUMBER 14f. 1727 Cleveland St.	FATHER—NAME FIRST MIDDLE LAST 15. Cal Johnson (D)	MOTHER MAIDEN NAME FIRST MIDDLE 16. Liz Ives (D)	14g. IS RESIDENCE ON YES NO
INFORMANT—NAME 17a. Calvin Mc Gaughy	RELATIONSHIP 17b. husband	MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 17c. 1727 Cleveland St., Gary, Ind.	
ART. 18	DEATH WAS CAUSED BY (ENTER ONLY ONE CAUSE FOR (a), (b), AND (c)) IMMEDIATE CAUSE (a) Metastatic Carcinoma from Carcinoma of Rt. Breast (b) Carcinoma of Rt. Breast (c) OTHER SIGNIFICANT CONDITIONS, CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE (d) OTHER SIGNIFICANT CONDITIONS, CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 8-10 mo	95 JAN 19 9 08 AM '68
DEATH OCCURRED (HOUR) 20a. 5:30 A.M.	THE DECEDENT WAS PROLONGED DEAD (MONTH) (DAY) (YEAR) 8/29/68	DATE SIGNED (MONTH, DAY, YEAR) 9/3/68	
CERTIFIER 21a. P.J. Rosenbloom M.D.	21b. 571 Lincoln St.	21c. Griffith, Ind.	21d. 46402
BURIAL 24a. Burial	24b. Fern Oaks	24c. Griffith, Ind.	24d. 249
DATE (MONTH, DAY, YEAR) 24e. 9-4-1968	FUNERAL HOME—NAME AND ADDRESS 25a. Towns, 1900 W. 15th Ave., Gary, Ind.	FUNERAL HOME NUMBER 25b. 249	DATE RECEIVED BY LOCAL HEALTH OFFICER 26a. SEP 3 1968
FUNERAL DIRECTOR—SIGNATURE 26b. [Signature]	HEALTH OFFICER—SIGNATURE 26c. [Signature]	26d. [Signature]	

EMBALMER'S NAME Edward W. Towns
LICENSE No. 4263
FUNERAL DIRECTOR'S LICENSE 627

FILED
JAN 20 1995
CAUSE
SAM ORLICH
AUDITOR LAKE COUNTY

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ALIASA G. COLE
CHIEF DEP. REC'DR

FILED
JAN 19 9 08 AM '68
REC'DR

Disposition Permit Issued
Provisional Certificate
 Yes No

000866

Key # 42-61-41