

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

Below for State Office Use

FILE # 44-142-21

Disposition Permit Issued
Provisional Certificate
 Yes No

EXHALSER'S NAME
FUNERAL DIRECTOR'S SIGNATURE
LICENSE NO. 1235
FUNERAL HOME NO. 735
LICENSE NO. 657
FUNERAL HOME NO. 735

Local No. 76-0515

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

State No. 7
Every doctors 636 Buchanan
GARY 46402

DECLASED - NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH, DAY, YEAR)
1. ROSETTA		WALTERS			F	5-18-76
2. RACE	AGE - LAST BIRTHDAY (YEARS)	UNDER 1 YEAR	UNDER 1 DAY	DATE OF BIRTH	COUNTY OF DEATH	
B	52	MO	HOURS	3-18-24	LAKE	
3. 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)		
GARY		NO		GARY METHODIST		
4. STATE OF BIRTH (IF NOT IN U.S., GIVE COUNTRY AND PROVINCE)		5. MARRIED		6. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)		
INDIANA		YES		WILLIAM WALTERS		
7. USUAL RESIDENCE WHERE DECEASED LIVED IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION		8. OCCUPATION (GIVE BRANCH OF BUSINESS MOST OF WORKING LIFE, EVEN IF RETIRED)		9. KIND OF BUSINESS OR INDUSTRY		
In a Lake County Residence		452		NONE		
10. STREET AND NUMBER		11. WAS DECEASED EVER IN U.S. ARMED FORCES (YES, NO, OR UNKNOWN)		12. IS RESIDING ON A FARM?		
636 Buchanan		NO		NO		
13. NAME		FIRST	MIDDLE	LAST	MOTHER - MAIDEN NAME	FIRST
14. Jesse		OISON			Lucille	
15. William		WALTERS			16. 636 Buchanan	GARY IN
17. DEATH WAS CAUSED BY		18. IMMEDIATE CAUSE			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
(ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))		(a) Pulmonary Embolus			Acute	
(b) Phlebotrombosis Left Leg		(c) Chronic			and Chronic	
19. OTHER SIGNIFICANT CONDITIONS		20. DATE & TIME OF DEATH			21. DATE SIGNED	
Diabetes mellitus @ Hypertension		MAY 18 1976 11:30 AM			MAY 20 1976	
22. PHYSICIAN'S NAME (TYPE OR PRINT)		23. SIGNATURE OF PHYSICIAN		24. DATE		
Walter E. McDonald		[Signature]		MAY 20 1976		
25. MAILING ADDRESS - PHYSICIAN		26. CITY OR TOWN		27. STATE		
2200 Grant St Gary Indiana		GARY		INDIANA		
28. BURIAL		29. CEMETERY, CREMATORY, FUNERAL HOME		30. LOCATION		
Funeral Home		Gary - Hall		GARY INDIANA		
31. DATE (MONTH, DAY, YEAR)		32. FUNERAL HOME - NAME AND ADDRESS		33. CITY OR TOWN, STATE, ZIP		
5-21-76		Gary - Hall		GARY INDIANA 46402		
34. HEALTH OFFICER - SIGNATURE		35. RECEIVED BY LOCAL HEALTH OFFICER		36. DATE		
[Signature]		[Signature]		JUN 10 1976		

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MARGARETTE N. STRELAND
LAKE COUNTY RECORDER

8504499
MAY 25 1995

STATE OF INDIANA
LAKE COUNTY RECORDER

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STOP



James T. [Signature]

7. GERALD L. [Signature]

HEALTH COMMISSIONER
CITY OF GARY, IND.

DATE AUG 5 1976