

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

Below for State Office Use

- A \_\_\_\_\_
- B \_\_\_\_\_
- C \_\_\_\_\_
- D \_\_\_\_\_
- E \_\_\_\_\_
- F \_\_\_\_\_
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- H \_\_\_\_\_
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FUNERAL HOME  
No. 000120356

LICENSE No. 1012356

FUNERAL DIRECTOR'S  
LICENSE No. 1012356

EMERALD'S NAME  
ANDREW SMITH

FUNERAL DIRECTOR'S  
SIGNATURE  
*Andrew Smith*

TYPE OR PRINT IN PERMANENT INK FOR INSTRUCTIONS SEE HANDBOOK

DECEASED

USUAL RESIDENCE WHERE DECEASED LIVED IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION

PARENTS

DISPOSITION

M.D. OR D.O.

CAUSE OF DEATH  
STATE THE UNDERLYING CAUSE LAST

CAUSE

**INDIANA STATE BOARD OF HEALTH  
MEDICAL CERTIFICATE OF DEATH**

State of INDIANA, County of LAKE, State No. \_\_\_\_\_

Local No. **87-0463**

FILED FOR RECORD

DECEASED - NAME <b>WILSON</b>		FIRST <b>MIMS</b>	LAST <b>JR.</b>	SEX <b>MALE</b>	DATE OF BIRTH <b>JULY 17, 1917</b>
RACE <b>BLACK</b>	AGE <b>76</b>	WEIGHT <b>130</b>	HEIGHT <b>5-11</b>	UNDER 1 DAY <b>2-2-1911</b>	DATE OF DEATH <b>JULY 21, 1987</b>
CITY, TOWN OR LOCATION OF DEATH <b>GARY</b>		HOSPITAL OR OTHER INSTITUTION <b>GARY METHODIST NORTHLAKE</b>		IF HOSP OR INST. NAME OF 1987 OR PREVIOUS YEAR <b>INF.</b>	
STATE OF BIRTH <b>MISS.</b>	CITIZEN OF WHAT COUNTRY <b>US</b>	MARRIED NEVER MARRIED <b>MARRIED</b>	SURVIVING SPOUSE <b>INEZ THOMPSON</b>		WAS DECEASED EVER IN ARMED FORCES? <b>NO</b>
SOCIAL SECURITY NUMBER <b>729-24-2148</b>		USUAL OCCUPATION <b>RETIRED</b>		KIND OF BUSINESS OR INDUSTRY <b>STAR LUMBER COMPANY</b>	
RESIDENCE - STATE <b>INDIANA</b>	COUNTY <b>LAKE</b>	CITY, TOWN OR LOCATION <b>GARY</b>		IS RESIDENCE ON A FARM? <b>NO</b>	
STREET AND NUMBER <b>2164 WILLIAMS STREET</b>		IS DECEASED OF SPANISH DESCENT? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INSIDE CITY LIMITS (SPECIFY YES OR NO) <b>YES</b>	
FATHER - NAME <b>WILSON</b>		MOTHER - MAIDEN NAME <b>ROSIE FRANKLIN</b>			
INFORMANT - NAME <b>INEZ MIMS - WIFE</b>		RELATIONSHIP <b>WIFE</b>		MAILING ADDRESS <b>2164 WILLIAMS STREET, GARY, INDIANA</b>	
BURIAL, CREMATION, REMOVAL, OTHER <b>BURIAL</b>		CEMETERY OR CREMATORY - FUNERAL HOME <b>RESTVILLE CEMETERY</b>		LOCATION <b>CHICAGO, ILLINOIS</b>	
DATE <b>July 21, 1987</b>		FUNERAL HOME - NAME AND ADDRESS <b>ANDREW SMITH F.H., 934 E. 21ST. AVE., GARY, IND</b>			
NAME OF ATTENDING PHYSICIAN <b>C. SMITH</b>		DATE SIGNED <b>JAN 27 1988</b>		HOUR OF DEATH	
MAILING ADDRESS PHYSICIAN <b>9500 1/2 913</b>		SIGNATURE <i>Andrew Smith</i>		DATE RECEIVED BY LOCAL HEALTH OFFICER <b>JAN 27 1988</b>	
IMMEDIATE CAUSE <b>Cardiopulmonary arrest</b>		PERIOD OF TIME BETWEEN ONSET AND DEATH <b>27</b>		INTERVAL BETWEEN ONSET AND DEATH	
DUE TO OR AS A CONSEQUENCE OF <b>Cerebrovascular accident</b>		PERIOD OF TIME BETWEEN ONSET AND DEATH <b>27</b>		INTERVAL BETWEEN ONSET AND DEATH	
DUE TO OR AS A CONSEQUENCE OF <b>Hypertension</b>		PERIOD OF TIME BETWEEN ONSET AND DEATH <b>27</b>		INTERVAL BETWEEN ONSET AND DEATH	
OTHER SIGNIFICANT CONDITIONS <b>Diabetes Mellitus / Renal failure / ? Pulmonary embolism</b>		AUTOPSY (Specify Yes or No) <b>NO</b>			

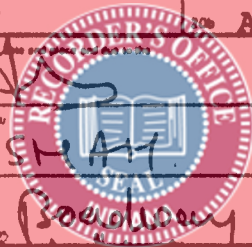
MARGARETTEN CLEVELAND  
LAKE COUNTY RECORDER

9500 1/2 913

FILED FOR RECORD

95 JAN 27 AM 11:06

FILED



Key # 417-455-16