

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

Below for State Office Use

A _____
B _____
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X _____
Y _____
Z _____

Disposition Permit
Issued / /
Provisional
Certificate
 Yes No

Borman's Boulevard Add
All Lots 24+25 Bl. B
Key # 41-99-24
Unit # 25

EMBALMER'S NAME Lloyd L. Hanson LICENSE No. 887

FUNERAL DIRECTOR'S SIGNATURE Lloyd L. Hanson LICENSE No. 1370

FUNERAL HOME No. 159

Local No. 60
PERMANENT INK SEE HANDBOOK FOR INSTRUCTIONS
DECEASED
USUAL RESIDENCE WHERE DECEASED LIVED IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.
PARENTS
CAUSE
M. D. OR D. O.
DISPOSITION

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

Willie a Sims
3516 W. 114th Ave
GARY IN 46404
71
1388

DECEASED—NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH, DAY, YEAR)
Susie Ann		Sims			Female	3 Aug 30 1975
AGE—LAST BIRTHDAY (YEARS)	Mo.	Days	UNDER 1 YEAR	UNDER 1 DAY	DATE OF BIRTH	COUNTY OF DEATH
50	50		Mo.	Days	July 26, 1945	Lake
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)		
East Chicago		Yes		St. Catherine E. Chicago		
PLACE OF BIRTH (IF NOT IN U.S., GIVE COUNTRY)		CITIZENSHIP		MARRIED () NEVER MARRIED () SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)		
Georgia		U.S.A.		WIDOWED () DIVORCED ()		Norman Sims
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF WORKING LIFE, EVEN IF RETIRED)		KIND OF BUSINESS OR INDUSTRY		
316-36-53		Hospital				
RESIDENCE—STATE		COUNTY		CITY, TOWN OR LOCATION		
Ind		Lake		North H		
STREET AND NUMBER		INSIDE CITY LIMITS (SPECIFY YES OR NO)		TOWNSHIP		
140		Yes		140		
4g WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service)		14b. YES () NO ()		14c. IS RESIDENCE ON FARM?		
		NO		NO		
OTHER—NAME		FIRST	MIDDLE	LAST	MAIDEN NAME	
Lucius					Estelle Cicero	
FORMER NAME		RELATIONSHIP		MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)		
Norman Sims		Husband		3516 W 114th Gary IN		
DEATH WAS CAUSED BY:		ENTER ONLY ONE CAUSE OR LINE FOR (a), (b), AND (c)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
IMMEDIATE CAUSE		(a) Pneumococcal meningitis		6 hours		
DUE TO, OR AS A CONSEQUENCE OF:		(b)				
DUE TO, OR AS A CONSEQUENCE OF:		(c)				
OTHER SIGNIFICANT CONDITIONS (GIVEN IN PART I (A))		CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE		RELATED TO CAUSE		
Epilepsy						
DATE & TIME OF DEATH		MONTH	DAY	YEAR	HOUR	MIN.
8		8	75	3:25	M.	210
PHYSICIAN'S NAME (TYPE OR PRINT)		SIGNATURE OF PHYSICIAN		PHY. CODE NO.		
J. Winston Harper, M.D.		[Signature]				
MAILING ADDRESS—PHYSICIAN		STREET OR R.F.D. NO.		CITY OR TOWN		STATE ZIP
2817 Euclid Avenue		East Chicago, Indiana		46312		
BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY, CREMATORY, FUNERAL HOME		LOCATION		CITY OR TOWN STATE
Burial		Evergreen Mem.		Horbert		IND.
DATE (MONTH, DAY, YEAR)		FUNERAL HOME—NAME AND ADDRESS		STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP		
Sept 3, 1975		Hawkins Funeral Home		2317 Broadway E.P. Ind		
HEALTH OFFICER—SIGNATURE		DATE RECEIVED BY LOCAL HEALTH OFFICER				
E.A. Campagna		9-5-75				

NOT OFFICIAL

STOP

This Document is the property of the Lake County Recorder.

FILED

FEB 28 1995

SAN ORCH

RECORDS

FOR LAKE COUNTY

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
FEB 28 1995 3:45

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