

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

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

State No. 47-15721

Local No. 82 0773

Below for State Office Use

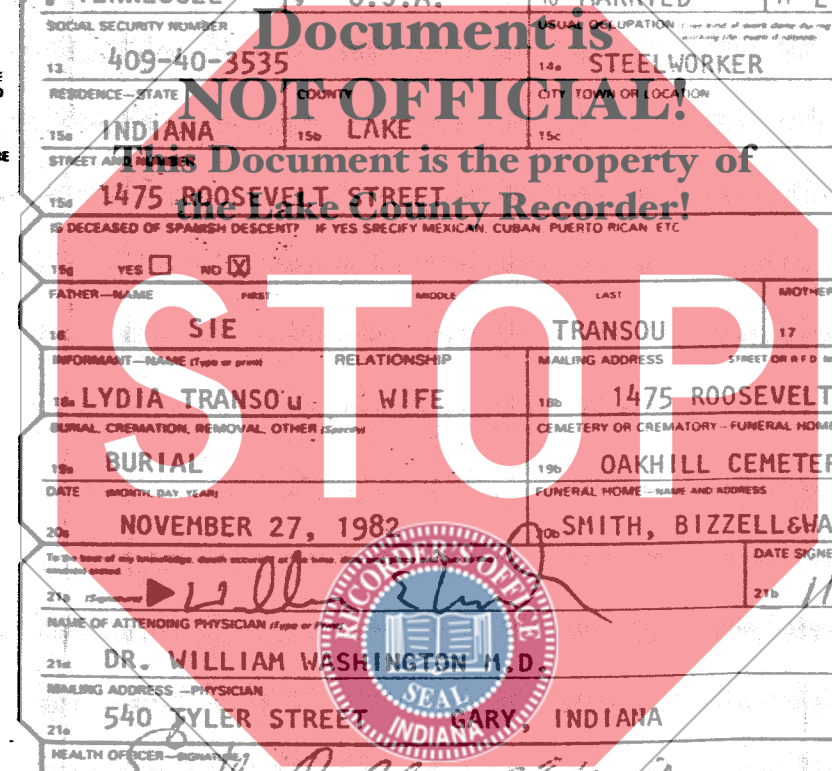
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FUNERAL HOME No. 248
 LICENSE No. 1625
 FUNERAL DIRECTOR'S LICENSE No. 1625
 EMBALMER'S NAME SHERMAN G. BANKS III
 FUNERAL DIRECTOR'S SIGNATURE *Sherman G. Banks III*

DECEASED - NAME 1 JIMMIE L. TRANSOU		SEX 2 MALE	DATE OF DEATH (MONTH-DAY-YEAR) 3 NOVEMBER 21, 1982
RACE - (By White, Black, American Indian, etc.) (Specify) 4 AMER. BLK.	AGE - Last birthday (Yrs.) 5a 54	USUAL OCCUPATION 14a STEELWORKER	COUNTY OF DEATH 7a LAKE
CITY, TOWN OR LOCATION OF DEATH 7b GARY		HOSPITAL OR OTHER INSTITUTION (Specify if not in section 7a: give street and number) 7c ST. MARY'S MEDICAL CENTER	IF HOSP OR INST (Specify ICD-9-CM 1st ed. 3rd revision) (Specify) 7d INPATIENT
STATE OF BIRTH (If not in U.S.A. (Specify)) 8 TENNESSEE	CITIZEN OF WHAT COUNTRY 9 U.S.A.	MARRIED - NEVER MARRIED, WIDOWED, DIVORCED (Specify) 10 MARRIED	SURVIVING SPOUSE (If not give maiden name) 11 LYDIA M. HURT
SOCIAL SECURITY NUMBER 12 409-40-3535		USUAL BUSINESS OR INDUSTRY 14b U.S. STEEL CORP	WAS DECEASED EVER IN U.S. ARMED FORCES (Specify Year or Years) 12 NO
USUAL RESIDENCE WHERE DECEASED LIVED, IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION RESIDENCE - STATE 13a INDIANA	COUNTY 13b LAKE	CITY, TOWN OR LOCATION 13c GARY	IS RESIDENCE ON A FARM? 15a YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
STREET AND NUMBER 15b 1475 ROOSEVELT STREET		INSIDE CITY LIMITS (Specify Yes or No) 15f YES	IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. 15g YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
FATHER - NAME (FIRST, MIDDLE, LAST) 16a SIE TRANSOU		MOTHER - MAIDEN NAME (FIRST, MIDDLE, LAST) 17a CHERRY SPRINGFIELD	
INFORMANT - NAME (Type or Print) RELATIONSHIP 18a LYDIA TRANSOU WIFE		MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN) 18b 1475 ROOSEVELT STREET GARY, INDIANA	
DISPOSITION 19a BURIAL		CEMETERY OR CREMATORY - FUNERAL HOME LOCATION 19b OAKHILL CEMETERY GARY, INDIANA	
DATE (MONTH, DAY, YEAR) 20a NOVEMBER 27, 1982		FUNERAL HOME - NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE) 20b SMITH, BIZZELL & WARNER INC. 2295 W. W. ST. GARY, IN	
NAME OF ATTENDING PHYSICIAN (Type or Print) 21a DR. WILLIAM WASHINGTON M.D.		DATE SIGNED (Mo. Day Yr.) 21b 11-27-82	
MAILING ADDRESS - PHYSICIAN 21c 540 TYLER STREET GARY, INDIANA		DATE RECEIVED BY (Mo. Day Yr.) 22a JUN 06 1995	
HEALTH OFFICER - SIGNATURE 22b <i>E. N. Caldwell</i>		DATE RECEIVED BY (Mo. Day Yr.) 22c NOV 24 1982	
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST 23a IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) AND (c)) PART 1 (a) Pulmonary Emboli PB (b) Cerebral vascular accident (c) Chronic Renal Failure PART 2 OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART 1 (a)		24	

SIH 06-003 State Form 35430 REV. 10/77

Jerry Gray 2210 W. HEAUX GARY 46404



FILED
 STATE OF INDIANA
 LAKE COUNTY
 REC'D
 JUN 10 1995