

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

Below for State Office Use

- A \_\_\_\_\_
- B \_\_\_\_\_
- C \_\_\_\_\_
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EMBALMER'S NAME Roosevelt Allen

LICENSE No. 5170

FUNERAL DIRECTOR'S SIGNATURE [Signature]

FUNERAL DIRECTOR'S LICENSE No. 270

FUNERAL HOME No. 770

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.

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE, STATING THE UNDERLYING CAUSE LAST

CAUSE

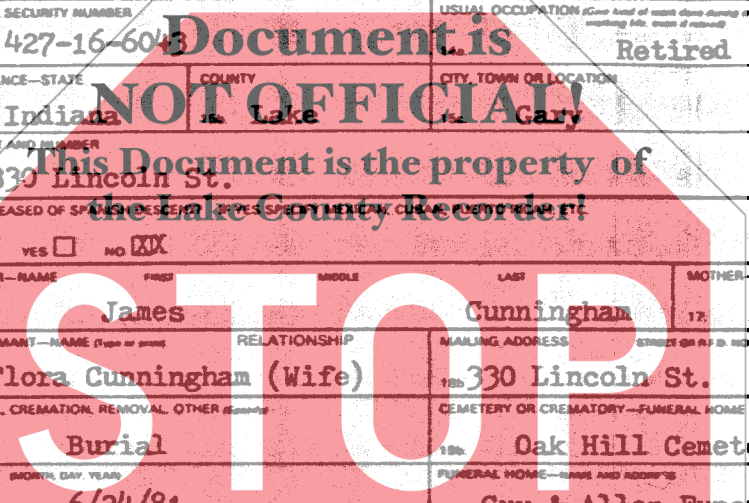
S. 27th lot 17 & N 9ft of lot 18 Block 17 Unit #25

INDIANA STATE BOARD OF HEALTH  
MEDICAL CERTIFICATE OF DEATH

State No. 011000

Local No. 84-0514

DECEASED—NAME 1. <b>Sam Cunningham</b>			SEX 2. <b>Male</b>	DATE OF DEATH (month, day, year) 3. <b>June 19, 1981</b>
RACE—(a) White, (b) Black, (c) American Indian, (d) Chinese 4. <b>Black</b>	AGE—Last Birthday (mo., day) 5a. <b>84</b>	UNDER 1 YEAR MOE. DAYS 5b.	UNDER 1 DAY HOURS. MINS. 5c.	DATE OF BIRTH (mo., day, yr.) 6. <b>12/18/1896</b>
CITY, TOWN OR LOCATION OF DEATH 7a. <b>Gary</b>		HOSPITAL OR OTHER INSTITUTION—(Name of inst. or other, give street and number) 7c. <b>St. Mary's Medical Center</b>		IF HOSP. OR OTHER INST. (Specify) 7d. <b>IND.</b>
STATE OF BIRTH (if not in U.S.A. name country) 8. <b>Miss.</b>	CITIZEN OF WHAT COUNTRY 9. <b>U.S.A.</b>	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 10. <b>Married</b>	SURVIVING SPOUSE (if wife, give maiden name) 11. <b>Flora Butts</b>	WAS DECEASED MEMBER IN U.S. ARMED FORCES (Specify Year of Service) 12.
SOCIAL SECURITY NUMBER 13. <b>427-16-6043</b>	USUAL OCCUPATION (Give kind of work done during most of working life, name of employer) 14. <b>Retired</b>	KIND OF BUSINESS OR INDUSTRY 14a. <b>N.Y. Central Railroad</b>		
RESIDENCE—STATE 15a. <b>Indiana</b>	COUNTY 15b. <b>Lake</b>	CITY, TOWN OR LOCATION 15c. <b>Gary</b>		
STREET AND NUMBER 15d. <b>330 Lincoln St.</b>		IS RESIDENCE ON A FARM? 15e. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	INSIDE CITY LIMITS (Specify Yes or No) 15f. <b>yes</b>	
IS DECEASED OF SPANISH ORIGIN? (Specify Spanish, Mexican, Puerto Rican, Cuban, etc.) 15g. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				
FATHER—NAME 16. <b>James Cunningham</b>		MOTHER—MAIDEN NAME 17. <b>Fannie Boyd</b>		
INFORMANT—NAME (Type or print) 18. <b>Flora Cunningham (Wife)</b>		RELATIONSHIP	MAILING ADDRESS 18a. <b>330 Lincoln St.</b>	CITY OR TOWN 18b. <b>Gary, Indiana</b>
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a. <b>Burial</b>		CEMETERY OR CREMATORY—FUNERAL HOME 19b. <b>Oak Hill Cemetery</b>		LOCATION 19c. <b>Gary, Indiana</b>
DATE (Month, Day, Year) 20a. <b>6/24/81</b>		FUNERAL HOME—(Name and address) 20b. <b>Guy &amp; Allen Funeral Directors 2959 W. 11th Ave. Gary, Ind.</b>		(Street or R.F.D. No., City or Town, State, ZIP)
To the best of my knowledge, death occurred at the time, place, and cause stated. 21a. (Signature) <u>[Signature]</u>		DATE SIGNED (month, day, yr.) 21b.	HOUR OF DEATH 21c.	
NAME OF ATTENDING PHYSICIAN (Type or print) 21d.		MAILING ADDRESS—PHYSICIAN 21e. <b>504 Broadway Suite 228, Gary, IN 46402</b>		
HEALTH OFFICER—(Signature) 22a.		DATE RECEIVED BY LOCAL HEALTH OFFICER 22b. <b>SEP 1 1995</b>		
PART I IMMEDIATE CAUSE (POWER ONLY: THIS CAUSE NEED NOT BE THE CAUSE OF DEATH) (a) <b>Cardio-pulmonary arrest</b> DUE TO, OR AS A CONSEQUENCE OF (b) <b>Hypertensive heart disease</b> DUE TO, OR AS A CONSEQUENCE OF (c) <b>Small bowel obstruction, moderate</b> OTHER SIGNIFICANT CONDITIONS—(Conditions contributing to death but not related to cause given on PART I) <b>Trans hematuria</b>				



FILED  
SEP 1 1995  
SAM OR LICH  
AUDITOR LAKE COUNTY

STATE OF INDIANA  
LAKE COUNTY  
FILED OR RECORDED  
95 SEP - 1 P 4:01  
MARRIAGE RECORDS