

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

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LAKE COUNTY
INDIANA ~~FILED~~ ~~RECORD~~ ~~DEATH~~
MEDICAL CERTIFICATE OF DEATH

Blaine C. Harris
2546 *William St*
State No. *16104*

Local No. **76-0300**

ON NOV 14 PM 2:01

PERMANENT NO. **05069731** FIRST MIDDLE LAST SEX DATE OF DEATH (MONTH, DAY, YEAR) COUNTY OF DEATH
JAMES TERRY KING MALE **3 18 76** LAKE

AGE—LAST BIRTHDAY (YEARS) UNDER 1 YEAR OLD UNDER 1 YEAR OLD UNDER 1 YEAR OLD MONTH YEAR
40 **1936** **LAKE**

CITY, TOWN, OR LOCATION OF DEATH (INCLUDE CITY LIMITS (SPECIFY YES OR NO)) HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN CITY, GIVE STREET AND NUMBER)
GARY **METHODIST HOSPITAL GARY INDIANA**

DECLARED STATE OF BIRTH (IF NOT IN U.S.A.) CITIZEN OF WHAT COUNTRY MARRIED WIDOWED DIVORCED SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)
MISSISSIPPI **U S A** **MARGARET A DAVIS**

USUAL RESIDENCE WHERE DECEASED LIVED IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION (INCLUDE CITY LIMITS (SPECIFY YES OR NO)) KIND OF BUSINESS OR INDUSTRY
INDIANA **LAKE** **GARY** **STEEL WORKER**

RESIDENCE—STATE (INCLUDE CITY LIMITS (SPECIFY YES OR NO)) RESIDENCE—CITY, TOWN, OR LOCATION (INCLUDE CITY LIMITS (SPECIFY YES OR NO)) OWNERSHIP
INDIANA **LAKE** **GARY** **CALUMET TOWNSHIP**

STREET AND NUMBER (INCLUDE CITY LIMITS (SPECIFY YES OR NO)) (IF WAS DECLARED LIVE IN U.S. ARMED FORCES (SPECIFY YES OR NO)) RESIDENCE ON A FARM
2240 WILLIAM STREET **NO** **NO** **X**

PARENTS—NAME FIRST MIDDLE LAST MOTHER—MAIDEN NAME FIRST MIDDLE LAST
HACK KING **GLADYS LEVEVER KING**

INFORMANT—NAME (RELATIONSHIP) (MARRIAGE ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP))
MARGARET A KING (WIFE) **2240 WILLIAM ST. GARY, INDIANA**

PART I DEATH WAS CAUSED BY (ENTER ONLY ONE CAUSE PER LINE (a) AND (b)) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Anoxia **seconds**
Cardiac arrest **minutes**
Bilateral bronchopneumonia **3 days**

PART II OTHER SIGNIFICANT CONDITION OR CONDITION CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE (IF YES, WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH) YES NO
Liver cirrhosis **NO** **NO**

DATE & TIME OF DEATH MONTH DAY YEAR HOUR MINUTE DATE SIGNED MONTH YEAR
March 15 1976 1:30am **March 19 1976**

PHYSICIAN'S NAME (TYPE OR PRINT) LAST IN ATTENDANCE SIGNATURE OF PHYSICIAN PHY. CODE NO.
Domenico J. Deschamps **22994**

M. D. OR D. O. MARRIAGE ADDRESS—PHYSICIAN STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP
4655 Broadway **Gary** **Indiana** **46409**

BURIAL, CREMATION, REMOVAL (SPECIFY) (CEMETERY, CREMATORIUM, FUNERAL HOME) NATIONAL CEMETERY LOCATION
REMOVAL **NATIONAL CEMETERY** **CORINTH MISSISSIPPI**

DATE (MONTH, DAY, YEAR) FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)
3 22 76 **POWELL COLEMAN FUNERAL HOME GARY, INDIANA 46407**

HEALTH OFFICER'S SIGNATURE DATE (MONTH, DAY, YEAR) DIVISION BY LOCAL HEALTH OFFICE
000914 **MAR 28 1976**

FUNERAL HOME No. 243
 FUNERAL DIRECTOR'S LICENSE No. 781
 EMBALMER'S NAME **ROY COLEMAN SR** LICENSE No. 348
 FUNERAL DIRECTOR'S SIGNATURE *Leon Coleman* LICENSE No. 781

Disposition Permit Issued Provisional Certificate Yes No

