

73-1254

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

Robert L. Lewis
2148 W. 11th Ave
Gary, IN 46404-8306
State No.

Local No.

PERMANENT INK SEE HANDBOOK FOR INSTRUCTIONS

DECEASED—NAME FIRST MIDDLE LAST SEX DATE OF DEATH (MONTH, DAY, YEAR)

1. Eula V. Gordon Female September 10, 1973

RACE AGE—LAST BIRTHDAY (YEAR) UNDER 1 YEAR UNDER 1 DAY UNDER 1 DAY

4. Black 55 2b. 55 3c. 55 4c. 1918

CITY, 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)

7b. Gary 7c. YES 7d. Methodist Hospital

STATE OF BIRTH (IF NOT IN U.S.A.) CITIZEN OF WHAT COUNTRY MARRIED NEVER MARRIED SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)

8. Alabama 9. U.S.A. 10. W. L. Gordon

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

11. 417-26-6489 12a. Homemaker 13b. 13c. 13d. Calumet

14a. Indiana 14b. Lake 14c. City 14d. YES 14e. Calumet

14f. 2901 West 21st Avenue 14g. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES OR NO) 14h. IS RESIDENCE ON A FARM? (YES OR NO)

14f. 2901 West 21st Avenue 14g. NO 14h. YES NO

PARENTS

15. Nathain Brooks (D) 16. Daisy Pickett (D)

INFORMANT—NAME RELATIONSHIP MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)

17a. Rev. W. L. Gordon 17b. Husband 17c. 2901 West 21st Avenue, Gary, Indiana

PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR 18a, 18b, AND 18c)

18. IMMEDIATE CAUSE

18a. Myocardial Infarction

18b. Coronary Heart Disease

18c. Atherosclerotic Cardiovascular Disease

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

18d. Appended Unknown Unknown

PART II. OTHER SIGNIFICANT CONDITIONS (CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE)

19. Hypertensive nephropathy in chronic stage

AUTOPSY YES NO

IF YES, WERE OTHERS CONDUCTED TO DETERMINE CAUSE OF DEATH? YES NO

DATE & TIME OF DEATH MONTH DAY YEAR

2:45 a.m. Sept 10 1973

DATE SIGNED MONTH DAY YEAR

Sept 15, 1973

PHYSICIAN'S NAME (TYPE OR PRINT) LAST INSTRUCTIONS

20. ELON DEBOIS

SIGNATURE OF PHYSICIAN

21. Elon DeBois

PHY. CODE NO.

47599

MAILING ADDRESS—PHYSICIAN STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP

22. 2200 Grant St Gary Indiana 46404

DISPOSITION

BURIAL (CREMATION, EMBALMENT, ETC.) (SPECIFY)

23a. Burial

CITY, TOWN, OR LOCATION

23c. Gary, Indiana

DATE (MONTH, DAY, YEAR)

24. September 14, 1973

FUNERAL HOME—NAME AND ADDRESS (HOUSE OR ST. NO., CITY OR TOWN, STATE, ZIP)

24. Jones Funeral Home—1900 West 15th Avenue, Gary, Indiana 46404

DEATH CERTIFICATE ISSUED BY (NAME AND ADDRESS) (HOUSE OR ST. NO., CITY OR TOWN, STATE, ZIP)

25. [Signature] SEP 14 1973

FUNERAL HOME No. 249

FUNERAL DIRECTOR'S LICENSE No. 4263

FUNERAL DIRECTOR'S LICENSE No. 637

FUNERAL DIRECTOR'S SIGNATURE [Signature]

EMERALD'S NAME Mc. E. [Signature]



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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

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