

Registration District No. **03A95** Local No. **7120**Key # **17-125-5**

DECEDENT	1. DECEDENT'S NAME (First, Middle, Last) CHARLES ALVA BOSWELL		SEX M	DATE OF DEATH (Month, Day, Year) 9/15/76			
	2. SOCIAL SECURITY NUMBER 313-07-4416		AGE - Last Birthday (Years) 79	UNDER 1 YEAR Morning Days	UNDER 1 DAY Hours Minutes	DATE OF BIRTH (Month, Day, Year) Sept. 3, 1917	BIRTHPLACE (County and State or Foreign Country) Obion County, TN
	3. WAS DECEDENT EVER IN U.S. ARMED FORCES (Yes or No) No		4. PLACE OF DEATH (Check only one; see instructions on other side) HOSPITAL <input type="checkbox"/> Inpatient <input checked="" type="checkbox"/> Outpatient <input type="checkbox"/> DOA OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Residence <input type="checkbox"/> Other (Specify)				
	5. FACILITY NAME (If not institution, give street and number) Forsyth Memorial Hospital		6. CITY, TOWN, OR LOCATION OF DEATH Winston-Salem		7. INSIDE CITY LIMITS? (Yes or No) Yes	8. COUNTY OF DEATH Forsyth	
	9. MARITAL STATUS (Married, Never Married, Widowed, Divorced (Specify)) Married		10. SURVIVING SPOUSE (If wife, give maiden name) Eleanor Woodruff		11. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Supervisor		12. KIND OF BUSINESS/INDUSTRY Coal Chemical Plant
	13a. RESIDENCE - STATE IN		13b. COUNTY Lake	13c. CITY, TOWN, OR LOCATION Hobart		13d. STREET AND NUMBER 518 Lake Street	
	14. INSIDE CITY LIMITS (Yes or No) Yes		15. ZIP CODE 46342	16. RACE - American Indian, Black, White, etc. (Specify) White		17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (9-12) College (13-17-) 12	
	18. FATHER'S NAME (First, Middle, Last) Alva Boswell		19. MOTHER'S NAME (First, Middle, Maiden (Surname)) Frances McDonald				
	20. INFORMANT'S NAME (Type/Print) Eleanor Boswell		21. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 518 Lake Street, Hobart, IN 46342				
	CAUSE OF DEATH	PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock or heart failure. List only one cause on each line.					Approximate Interval Between Onset and Death 5 hrs
IMMEDIATE CAUSE (Final disease or condition resulting in death) MYOCARDIAL INFARCTION					YILS		
DUE TO (OR AS A CONSEQUENCE OF): MI							
Sequitentially list conditions if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST. MI							
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.							
CERTIFIER	20a. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Pending <input type="checkbox"/> Not Determined		20b. DATE OF INJURY (Month, Day, Year) 9/15/76	20c. TIME OF INJURY 11:04	20d. WAS AN AUTOPSY PERFORMED (Yes or No) NO	20e. Were Autopsy Findings Available Prior to Completion of Death Certificate? NO	
	21. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify) At Home		22. LOCATION (Street and Number or Rural Route Number, City or Town, State) 518 Lake Street, Hobart, IN		23. TIME OF DEATH 11:04		
	24. To the best of my knowledge, death occurred at the time, date and place stated. (Signature and Title of Certifier) Paul Horton, MD					25. DATE SIGNED (Month, Day, Year) 9/17/76	
	26. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 20) (Type or Print) Paul Horton, MD					27. DATE PROMULGATED DEAD (Month, Day, Year) 9/17/76	
	28. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		29. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Calumet Park Cem.		30. LOCATION - City or Town, State, Zip Code Marrillville, IN		
DISPOSITION	31. NAME AND ADDRESS OF FUNERAL HOME Ridge Funeral Home, Inc., Asheboro, NC		32. SIGNATURE OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH [Signature]		33. LICENSE NUMBER 21452		
	34. REGISTRAR'S SIGNATURE [Signature]		35. DATE SIGNED (Month, Day, Year) 9/23/76	36. SIGNATURE OF EMBALMER [Signature]		37. LICENSE NUMBER 120852	

MEDICAL EXAMINER: After you've reviewed the certificate of death, give certificate to funeral director when the body is released. If the cause of death is pending, file supplemental report of cause of death (Form V89-A) when additional information has been obtained.
 FUNERAL DIRECTOR: Copies 1 & 2 must be completed and filed with a local registrar within 5 days after death. Copy 3, when signed by medical examiner, is your authorization for final disposition.

STOP
 Document is the property of the Lake County Recorder
 RECORDER'S OFFICE
 SAMOUILCH
 ALTON OF LAKE COUNTY
 DEC 13 1996

STATE OF INDIANA
 LAKE COUNTY
 FILED FOR RECORD
 DEC 13 1976
 REC'D
 000923 9⁰⁰

North Carolina - Forsyth County
I Hereby Certify that this is a True and
Accurate Copy of a Record Which Appears in the
Office of the Register of Deeds of Forsyth County, N.C.

NOT OFFICIAL!
This 22 Day of Sept, 1976.
This Document is the property of
John Holleman, Register of Deeds
the Lake County Recorder!

Shava
Deputy - Assistant

STOP

