

TX # 25-46-0149-0034

HOLD FOR:
THE TITLE SEARCH CO.
Local No. 86-0668

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

State No.

DATE OF DEATH (month day year)
October 3, 1986

FUNERAL HOME

No. 270

TYPE OF PRINT OR PERMANENT 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 CAUSE STAYING IN HOSPITAL OR CAUSE LAST

CAUSE

1 DECEASED NAME Ida M. Jones		SEX Female		DATE OF DEATH (month day year) October 3, 1986	
2 RACE Black		AGE (year, month, day) 62		DATE OF BIRTH (month day year) 2/14/1924	
3 CITY TOWN OR LOCATION OF DEATH Gary		HOSPITAL OR OTHER INSTITUTION St. Mary's Medical Center		IF HOSP OR INST. (month day year) Inc.	
4 STATE OF BIRTH Indiana		CITIZEN OF WHAT COUNTRY U.S.A.		MARRIED NEVER MARRIED WIDOWED DIVORCED Widowed	
5 SOCIAL SECURITY NUMBER 311-26-1948		USUAL OCCUPATION Retired		KIND OF BUSINESS OR INDUSTRY Gary Public Library	
6 RESIDENCE - STATE IN		COUNTY Lake		CITY TOWN OR LOCATION Gary	
7 STREET AND NUMBER 2557 Pennsylvania St.		IS RESIDENCE ON A FARM? NO		IF CITY LIMITS (month day year) YES	
8 IS DECEASED OF SPANISH DESCENT? (if YES, specify: MEXICAN CUBAN PUERTO RICAN ETC) NO					
9 FATHER - NAME Harry		MOTHER - MAIDEN NAME Zonia Davis			
10 INFORMANT - NAME (Type or Print) Jennifer Tinsley (Daughter)		RELATIONSHIP Daughter		MAILING ADDRESS (Street or R.F.D. No. City or Town State Zip) 4410 Lincoln St. Gary, IN 46408	
11a BURIAL CREMATION REMOVAL OTHER Burial		CEMETERY OR CREMATORY - FUNERAL HOME Dak Hill Cemetery		LOCATION Gary, Indiana	
11b DATE (month day year) October 8, 1986		12 FUNERAL HOME - NAME AND ADDRESS (Street or R.F.D. No. City or Town State Zip) Gary & Allen Funeral Directors, Inc. 2959 W. 12th Ave. Gary, IN			
13a To the best of my knowledge, death occurred at the place given & place and date of the certificate signed Emergency		13b DATE SIGNED (month day year) 1986		13c HOUR OF DEATH 4:11:51	
14 NAME OF ATTENDING PHYSICIAN (Type or Print) SURENDRA SHAM.		15 MAILING ADDRESS PHYSICIAN 1110 W 5th Av Gary IN.			
16a SIGNATURE OF PHYSICIAN James T. Hedrick, M.D.		16b DATE RECEIVED BY LOCAL HEALTH OFFICER OCT 5 1986			
17a PART I TO OR AS A CONSEQUENCE OF CARDIO PULMONARY ARREST.					
17b PART II TO OR AS A CONSEQUENCE OF CARDIAC ARRHYTHMIA.					
17c PART III TO OR AS A CONSEQUENCE OF CANCER OF LUNG.					
18 OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to those given in PART I, II, or III					

900
14684

LICENSE No. 5170

FUNERAL DIRECTOR'S LICENSE No. 659

EMBALMER'S NAME Roosevelt Allen

FUNERAL DIRECTOR'S SIGNATURE

J. Allen

FILED
AMOUNT OF DEATH
AMOUNT OF DEATH
AMOUNT OF DEATH

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
OCT 11 1986
GARY, IN