Local No. 745-88

INDIANA STATE BOARD OF HEALTH
CERTIFICATE OF DEATH

State No. 88-018015

Calyra Hawkins P.O. Box 1851 Gary 46411

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

Field	Entry
1. Deceased—Name (First, Middle, Last)	Frank V. Gordon
2. Sex	Male
3. Date of Death	March 20, 1988
4. Social Security Number	312-05-5086
5a. Age—Last Birthday (Years)	86
5b. Under 1 Year (Months, Days)	
5c. Under 1 Day (Hours, Minutes)	
6. Date of Birth	5/30/1901
7. Birthplace	Summit, Mississippi
8. Year Last Served in US Armed Forces?	N/A
9a. Place of Death	Hospital: X Inpatient
9b. Facility Name	Methodist Hospital Southlake
9c. City, Town or Location of Death	Merrillville
9d. County of Death	Lake
10. Marital Status	Married
11. Surviving Spouse	Addie Bryant
12a. Decedent's Usual Occupation	Hooker
12b. Kind of Business/Industry	USX Steel Corp. Sheet & Tin Div.
13a. Residence—State	IN
13b. County	Lake
13c. City, Town or Location	Gary
13d. Street and Number	612 W. 21st Ave.
13e. Inside City Limits?	Yes
13f. Farm	No
13g. Zip Code	46407
14. Was Decedent of Hispanic Origin?	X No
15. Race	Black
16. Decedent's Education	

PARENTS

Field	Entry
17. Father's Name	Frank Gordon
18. Mother's Name	Emma Nash

INFORMANT

Field	Entry
19a. Informant's Name	Addie Gordon
19b. Mailing Address	612 W. 21st Ave. Gary, IN 46407
19c. Relationship	Wife

DISPOSITION

Field	Entry
20a. Method of Disposition	X Burial
20b. Date and Place of Disposition	March 25, 1988 Oak Hill Cemetery
20c. Location	Gary, IN
21a. Signature of Funeral Director	Patricia Dove
21b. License Number	8700298
22. Name, Address and License Number of Funeral Home	Guy & Allen Funeral Directors Inc. 2959 W. 11th Ave. #3007704

PRONOUNCING PHYSICIAN ONLY

Complete items 23a-c only when certifying physician is not available at time of death to certify cause of death.

23a. To the best of my knowledge death occurred at the time, date and place stated. Signature and Title

23b. License Number

23c. Date Signed

ITEMS 24-26 MUST BE COMPLETED BY PERSON WHO PRONOUNCES DEATH

24. Time of Death M

25. Date Pronounced Dead

26. Was Case Referred to Medical Examiner/Coroner?

CAUSE OF DEATH

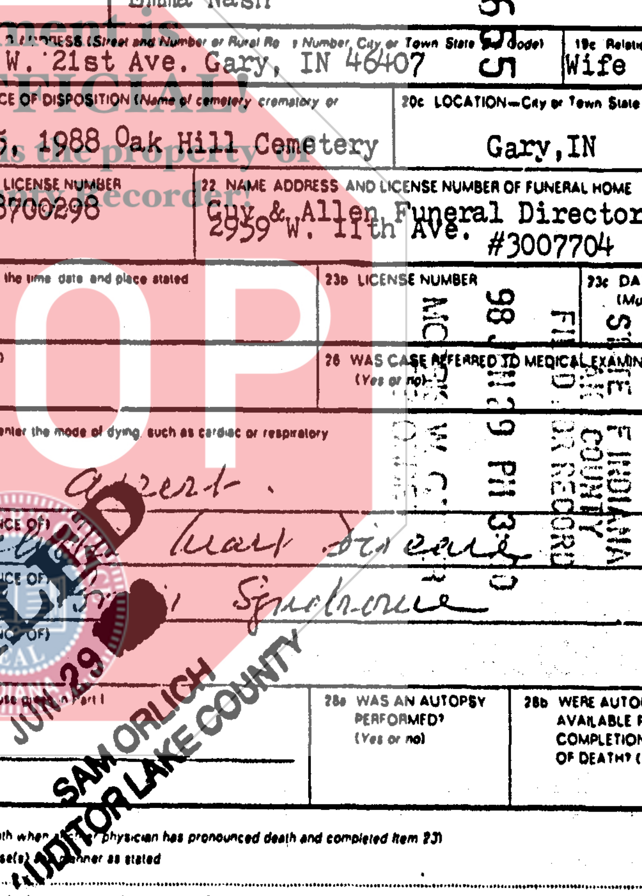
PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.

a. Immediate cause: Cardiac arrest.
b. Due to (or as a consequence of): Arteriosclerotic heart disease
c. Due to (or as a consequence of): Organic brain syndrome
d. Due to (or as a consequence of):

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I

28a. Was an autopsy performed?

28b. Were autopsy findings available prior to completion of cause of death?



CERTIFIER

X CERTIFYING PHYSICIAN (Physician certifying cause of death when another physician has pronounced death and completed item 23). To the best of my knowledge, death occurred due to the cause(s) and manner as stated.

☐ PRONOUNCING AND CERTIFYING PHYSICIAN (Physician both pronouncing death and certifying cause of death). To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

☐ MEDICAL EXAMINER ☐ CORONER ☐ HEALTH OFFICER. On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

Field	Entry
Signature and Title of Certifier	R A Hovanessian
License Number	01023583
Date Signed	3/29/88
Name and Address of Person Who Completed Cause of Death (Item 27)	R. A. HOVANESSIAN

HEALTH OFFICER

Field	Entry
31. Health Officer's Signature	Beulah Johnson
	002043
32. Date Filed	April 6, 1988

CORONER OR MEDICAL EXAMINER USE ONLY

33. Manner of Death: ☐ Natural ☐ Pending Investigation ☐ Accident ☐ Suicide ☐ Could not be Determined ☐ Homicide

34a. Date of Injury — 34b. Time of Injury — 34c. Injury at Work? — 34d. Describe How Injury Occurred

34e. Place of Injury — 34f. Location

#46-516-24
#43-400-9

SBH06-004 State Form 10110 Rev 10/87 DEATH PO 1

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