

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

Below for State Office Use

- A _____
- B _____
- C _____
- D _____
- E _____
- F _____
- G _____
- H _____
- I _____
- J _____
- K _____
- L _____
- 1 _____
- 2 _____
- 3 _____
- 4 _____
- 5 _____
- 6 _____
- 7 _____
- 8 _____
- 9 _____
- 10 _____
- 11 _____
- 12 _____

EMBALMER'S NAME: CELESTE P. KAUFMAN
 FUNERAL DIRECTOR'S SIGNATURE: *Celeste P. Kaufman*
 FUNERAL HOME LICENSE No. 3362
 FUNERAL DIRECTOR'S LICENSE No. 1351
 FUNERAL HOME No. 242

Dr. Sandra Gadson - 569 Tyler St., 885-3303 5 CC

44-142-2

Jessie L. Newell
 615 Lincoln
 Gary, In 46402

INDIANA STATE BOARD OF HEALTH
 MEDICAL CERTIFICATE OF DEATH

Local No. 86-0788

State No. _____

DECEASED - NAME FIRST MIDDLE LAST KATHERINE E. NEWELL		SEX Female	DATE OF DEATH (MONTH DAY YEAR) November 30, 1986
RACE - (As of White, Black, American Indian, etc.) Blk. American	AGE - Last Birthday (Yrs.) 64	UNDER 1 YEAR DAYS HOURS 5b	DATE OF BIRTH (Mo. Day Yr.) Apr. 1, 1922
CITY, TOWN OR LOCATION OF DEATH Gary	HOSPITAL OR OTHER INSTITUTION - (Name of inst. or other care center and number) Methodist Hospital Northlake Campus		IS HOSP OR INST. (Indicate box of Care Inst. Institution) (Specify) In Patient
STATE OF BIRTH (If not in U.S.) Indiana	CITIZEN OF WHAT COUNTRY U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED (Specify) Married	SURVIVING SPOUSE (If with give maiden name) Jessie L. Newell
SOCIAL SECURITY NUMBER	USUAL OCCUPATION (Give based on work done during major of preceding year) Housewife	KIND OF BUSINESS OR INDUSTRY None	
RESIDENCE - STATE INDIANA	COUNTY LAKE	CITY, TOWN OR LOCATION Gary	IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. NO
RESIDENCE - STREET AND NUMBER 615 Lincoln Street	IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. NO	IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	INSIDE CITY LIMITS (Specify Yes or No) Yes
FATHER NAME (FIRST MIDDLE LAST) LEE C. HOUSE		MOTHER MAIDEN NAME (FIRST MIDDLE LAST) Sedalia Blanton	
INFORMANT - NAME (If not at home) Jessie L. Newell, Husband		RELATIONSHIP HUSBAND	
MARRIAGE RECORDS LAKE COUNTY AUDITOR		CITY OR TOWN Gary	
BURIAL, CREMATION, REMOVAL, OTHER (Specify) =BURIAL=		CEMETERY OR CREMATORY - FUNERAL HOME Fern Oaks Cemetery	
DATE (MONTH DAY YEAR) December 4, 1986		LOCATION Griffith, Indiana	
FUNERAL HOME - NAME AND ADDRESS Kaufman Fuenral Home, Inc., 4201 Broadway, Gary, IN 46409		STREET OR P.O. BOX, CITY, COUNTY, STATE, ZIP 4201 Broadway, Gary, IN 46409	
NAME OF ATTENDING PHYSICIAN (If not at home) Sandra L. Gadson, M.D.		DATE SIGNED (Mo. Day Yr.) Dec. 2, 1986	
MARRIAGE ADDRESS - PHYSICIAN 569 Tyler St. Gary, Indiana 46404		SIGNATURE OF DEATH REGISTRAR [Signature]	
IMMEDIATE CAUSE (REPORT ONLY ONE CAUSE PER LINE FOR (a) AND (b)) Acute Inferior Wall Myocardial Infarction		MIDDLE CAUSE (REPORT ONLY ONE CAUSE PER LINE FOR (a) AND (b)) Coronary Artery Disease	
OTHER SIGNIFICANT CONDITIONS (Conditions contributing to death that not related to cause given on PART I (a) and (b)) Chronic Renal Failure, Anoxic Brain Damage		DATE RECEIVED BY LOCAL HEALTH OFFICER DEC 2 1986	

SBH 06-003 State Form 35430
 REV. 10/77

9.00
 Cash