

KEY # 36-343-17

INDIANA STATE BOARD OF HEALTH MEDICAL CERTIFICATE OF DEATH

Local No. 335

State No. _____

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 _____
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- 10 _____
- 11 _____
- 12 _____

EMBALMER'S NAME [Signature]
 FUNERAL HOME SIGNATURE [Signature]
 LICENSE No. [Signature]
 FUNERAL DIRECTOR'S LICENSE No. [Signature]

TYPE OR PRINT IN PERMANENT INK 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.

CONDIT. ONE OF ANY WHICH GAVE RISE TO INSTANT CAUSE STATING THE UNDERLYING CAUSE LAST

CAUSE

DECEASED—NAME 1 BAYRACK HARWELL		SEX 2 MALE	DATE OF DEATH MONTH DAY YEAR 3 AUGUST 1, 1984
RACE—(If of White Stock American Indian etc.) (Specify) 4 BLACK	AGE—Last Birthday 5 99 08 79 72	DATE OF BIRTH (Mo. Day Yr.) 5c 99 OCT 26 4 22 02 31	COUNTY OF DEATH 7a LAKE
CITY, TOWN OR LOCATION OF DEATH 7b EAST CHICAGO		HOSPITAL OR OTHER INSTITUTION—Name of inst or other give street and number 7c ST. CATHERINE	IF HOSP OR INST Indicate DDA Of Year the instment (Specify) 7d TNP
STATE OF BIRTH of inst in U.S. (Name country) 8 ILLINOIS	CITIZEN OF WHAT COUNTRY 9 U.S.	MARRIED NEVER MARRIED WIDOWED, DIVORCED (Specify) 10 MARRIED	SURVIVING SPOUSE of inst (Give maiden name) 11 PENNY MARY ONEAL
SOCIAL SECURITY NUMBER 13 306-38-7788		USUAL OCCUPATION (Give kind of work done during most of preceding year) 14a BARBER	KIND OF BUSINESS OR INDUSTRY 14b BARBER
RESIDENCE—STATE 15a INDIANA	COUNTY 15b LAKE	CITY, TOWN OR LOCATION 15c EAST CHICAGO	
STREET AND NUMBER 15d 3833 BUTTERNUT STREET		IS RESIDENCE ON A FARM? 15e YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	INSIDE CITY LIMITS (SPECIFY YES OR NO) 15f YES
IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. 15g YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
FATHER—NAME 16 LUKE HARWELL		MOTHER—MAIDEN NAME 17 CELIA	
INFORMANT—NAME (Type or print) 18a PENNY MARY HARWELL—WIFE		RELATIONSHIP 18b WIFE	
Mailing Address 18c 3833 BUTTERNUT STREET		CITY OR TOWN STATE ZIP 18d MERRIVILLE, INDIANA	
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a BURIAL		CEMETERY OR CREMATORY—FUNERAL HOME 19b CALUMET PARK	
DATE MONTH DAY YEAR 20a AUGUST 1, 1984		FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP) 20b ANDREW SMITH F. H. 934 E. 21ST. AVENUE GARY, INDIANA	
To the best of my knowledge (and belief) at the time (and place) and the issuing thereof 21a (Signature) <u>[Signature]</u>		DATE SIGNED (Mo. Day Yr.) 21b	HOUR OF DEATH 21c
NAME OF ATTENDING PHYSICIAN (Type or Print) 21d			
MAILING ADDRESS—PHYSICIAN 21e			
HEALTH OFFICER—SIGNATURE 22a <u>[Signature]</u>		DATE RECEIVED BY LOCAL HEALTH OFFICER 22b FILED 13-84	
IMMEDIATE CAUSE 23 Myocardial infarction		Interval between onset and death OCT 26 1999	
PART I 1. Coronary atherosclerosis DUE TO OR AS A CONSEQUENCE OF		Interval between onset and death 9.00	
2. Coronary occlusion DUE TO OR AS A CONSEQUENCE OF		Interval between onset and death EP.	
PART II OTHER SIGNIFICANT CONDITIONS Conditions contributing to death but not related to cause given in PART I (a)		AUTOPSY (Specify Yes or No) AS	

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