

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

Below for State Office Use

A _____
B _____
C _____
D _____
E _____
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G _____
H _____
I _____
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Z _____

Disposition Permit
Issued 1-1-1-
Provisional
Certificate
 Yes No

FUNERAL HOME LICENSE No. 3362

FUNERAL DIRECTOR'S LICENSE No. 1337

FUNERAL HOME No. 339

Local No. 74-1380

STATE OF INDIANA
LAKE COUNTY
MEDICAL CERTIFICATE OF DEATH

State No. _____

| | | | | | |
|---|----------------------------|--|--|--|----------------------------------|
| PERMANENT INK SEE INSTRUCTIONS DECEASED NAME | | FIRST MIDDLE LAST | | SEX | DATE OF DEATH (MONTH, DAY, YEAR) |
| 020027 | | FRANCIS GARY | | MALE | DEC. 10, 1974 |
| RACE | AGE - LAST BIRTHDAY (YEAR) | UNDER 1 YEAR | UNDER 1 DAY | DATE OF BIRTH (MONTH, DAY, YEAR) | COUNTY OF DEATH |
| Negro | 66 | MOO. DAYS | HOURS MIN. | 8-2 1908 | LAKE |
| CITY, TOWN, OR LOCATION OF DEATH | | INSIDE CITY LIMITS (SPECIFY YES OR NO) | HOSPITAL OR OTHER INSTITUTION - NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) | | |
| Gary | | YES | 74 1911 Massachusetts St. | | |
| STATE OF BIRTH (IF NOT IN U.S.A., NAME, COUNTRY) | | CITIZEN OF WHAT COUNTRY | MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> | SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) | |
| Alabama | | U.S.A. | WIDOWED <input type="checkbox"/> | Bessie GARNER | |
| USUAL RESIDENCE WHERE DECEASED LIVED IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION. | | SOCIAL SECURITY NUMBER | | USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) | |
| 120 319-09-2150 | | 120 319-09-2150 | | Retired News Print Dept. | |
| RESIDENCE - STATE COUNTY | | CITY, TOWN OR LOCATION | | INSIDE CITY LIMITS (SPECIFY YES OR NO) | TOWNSHIP |
| Indiana Lake | | GARY | | YES | Calumet |
| 140 1911 Massachusetts | | 140 1911 Massachusetts | | 140 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | |
| FATHER - NAME FIRST MIDDLE LAST | | MOTHER - MAIDEN NAME FIRST MIDDLE LAST | | 160 IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| John GARNER | | Sarah Burgess | | | |
| INFORMANT - NAME | | RELATIONSHIP | MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) | | |
| BESSIE GARNER | | Wife | 1911 Mass. St. GARY, Ind. 46407 | | |
| PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) | | | | | |
| 18. IMMEDIATE CAUSE | | | | | |
| (a) <i>Courtesy arterial insufficiency</i> | | | | | |
| DUE TO, OR AS A CONSEQUENCE OF: | | | | | |
| (b) <i>Arterio sclerotic heart disease</i> | | | | | |
| DUE TO, OR AS A CONSEQUENCE OF: | | | | | |
| (c) | | | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH AND NOT RELATED TO CAUSE GIVEN IN PART I (A) | | | | | |
| 19. AUTOPSY YES <input type="checkbox"/> NO <input type="checkbox"/> | | | | | |
| IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH 19b. YES <input type="checkbox"/> NO <input type="checkbox"/> | | | | | |
| DATE & TIME OF DEATH MONTH DAY YEAR HOUR | | | | | |
| Dec. 10 1974 9:30 p.m. | | | | | |
| DATE SIGNED MONTH DAY YEAR | | | | | |
| Dec. 11 74 | | | | | |
| PHYSICIAN'S NAME (TYPE OR PRINT) LAST IN ATTENDANCE | | | | SIGNATURE OF PHYSICIAN | |
| 220. Subincho, M.D. | | | | 220. Subincho | |
| MAILING ADDRESS - PHYSICIAN STREET OR R.F.D. NO. | | | | CITY OR TOWN STATE ZIP | |
| 3290 Grant St. | | | | Gary, Indiana 46408 | |
| BURIAL, CREMATION, REMOVAL (SPECIFY) | | CEMETERY, CREMATORY, FUNERAL HOME LOCATION | | CITY OR TOWN STATE | |
| 240. BURIAL | | 240. CAL HILL | | 240. GARY, INDIANA | |
| DATE (MONTH, DAY, YEAR) | | FUNERAL HOME - NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) | | | |
| 240. DEC 14, 1974 | | CEESWELL FUNERAL DIRECTORS 2101 Broadway Indiana GARY | | | |
| HEALTH OFFICER - SIGNATURE | | | | DATE RECEIVED BY LOCAL HEALTH OFFICER | |
| 250. [Signature] | | | | DEC 11 1974 | |

113-3

FILED
MAR 23 2000
PETER BENJAMIN
LAKE COUNTY AUDITOR

mail to 1911 MASSACHUSETTS ST. GARY, IND. 46407

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