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Refer to State Office Use

STATE OF INDIANA
LAKE COUNTY
FILED
2000 APR 7 AM 11:17
ESTHER RIZZELL
1082
FUNERAL DIRECTOR'S LICENSE NO. 2397

Local No. **60 1522**

INDIANA STATE BOARD OF HEALTH
DIVISION OF VITAL RECORDS
MEDICAL CERTIFICATE OF DEATH

State No.

MTC
504 Broadway - Ste
Gary, In 46402 523

1. PLACE OF DEATH a. COUNTY Lake		1. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE Indiana	
b. CITY, TOWN, OR LOCATION Gary		b. COUNTY Lake	
c. Length of Stay in 1b		d. STREET ADDRESS 1961 Tenn.	
d. NAME OF HOSPITAL OR INSTITUTION Methodist Hospital		e. IS RESIDENCE INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
e. IS PLACE OF DEATH INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input type="checkbox"/>		f. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
2. NAME OF DECEASED (Type or print) First Middle Last Andrew Ewing		4. DATE OF DEATH Month Day Year Dec. 5, 1960	
3. SEX Male	6. COLOR OR RACE Col.	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Jan. 19, 1901
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Steelworker		10b. KIND OF BUSINESS OR INDUSTRY Gary, Works	9. AGE (In years last birthday) 59
11. BIRTHPLACE (State or foreign country) Mississippi		12. COUNTRY OF BIRTH USA	
13. FATHER'S NAME Andrew Ewing Sr.		14. MOTHER'S MAIDEN NAME Georgia ?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 313-07-7908	
17a. INFORMANT'S ADDRESS 1961 Tennessee St. Gary, Indiana		17b. RELATIONSHIP TO DECEASED Wife	
18. CAUSE OF DEATH (Enter only one cause per line for (a); (b), and (c)) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE Irregular fibrillation with cardiac degeneration DUE TO (a) Leaning pneumonia DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH OR TO THE UNDERLYING DISEASE CONDITION GIVEN IN PART I (a). FILED			INTERVAL BETWEEN ONSET AND DEATH 47 in few days
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		19. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) APR 04 2000	
20b. TIME OF INJURY Hour Month Day Year 9. 11. 2000		20c. PLACE OF INJURY (Home, in, n., in, or, street, or other location) PETER BENJAMIN LAKE COUNTY AUDITOR	
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21. ATTENDING PHYSICIAN: I certify that I attended the deceased from Dec 1/60 to Dec 5/60 and last saw him alive on Dec 5/60 . Death occurred at M (C.S.T.) on the date stated above; and to the best of my knowledge, from the causes stated.	
21. HEALTH OFFICER: I certify that I investigated cause of death of deceased and find that death occurred at M (C.S.T.) from causes stated and on above date.		22. SIGNATURE OF Attending Physician or Health Officer. Peter Benjamin	
23. ADDRESS 504 Broadway		23. DATE SIGNED Dec 6/60	
24a. BURIAL INFORMATION (Specify) Burial	24b. DATE 12/10/60	24c. NAME OF CEMETERY OR CREMATORY Oak Hill	24d. LOCATION Gary, Indiana
DATE REC'D BY LOCAL HEALTH OFFICER 12-7-60		SIGNATURE OF HEALTH OFFICER Esther Rizzell	
DATE REC'D BY LOCAL HEALTH OFFICER 12-7-60		SIGNATURE OF FUNERAL DIRECTOR Smith & Rizzell	
ADDRESS Gary, Ind.		ADDRESS Gary, Ind.	