

OR PRINT
ONLY WITH
ADING INK
HIS IS A
RMANENT
RECORD

State Office Use

4cc

Local No. 72-0355

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

Key 4564-42
State No. 4564-43

PERMANENT INK SEE HANDBOOK FOR INSTRUCTIONS		DECEASED—NAME 1. ELIZA LUCAS		SEX 2. F	DATE OF DEATH (MONTH, DAY, YEAR) 3. 3-3-72
4. IV	AGE—LAST BIRTHDAY (YEARS) 5a. 57	UNDER 1 YEAR MOB. DAYS 5b.	UNDER 1 DAY HOURS MIN. 5c.	DATE OF BIRTH (MONTH, DAY, YEAR) 6. 8-5-14	COUNTY OF DEATH 7a. LAKE
CITY, TOWN, OR LOCATION OF DEATH 7b. GARY		INSIDE CITY LIMITS (SPECIFY YES OR NO) 7c. YES	HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 7d. METHODIST		
8. LOUISIANA		CITIZEN OF WHAT COUNTRY 9. U.S.	10. ROBERT LUCAS		
12. IND		COUNTY 14b. LAKE	CITY, TOWN OR LOCATION 14c. GARY	INSIDE CITY LIMITS (SPECIFY YES OR NO) 14d. YES	TOWNSHIP 14e. CAHUMET
14a. 2739 W 9th Pl.		14f. NO		14g. NO	
15. ELAIS		16. CAROLINE GRADSBERRY		17. 2739 W 9th Pl. Gary Ind	
17a. ROBERT LUCAS		17b. Husband		17c. 2739 W 9th Pl. Gary Ind	
PART I. DEATH WAS CAUSED BY: [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]					
18. IMMEDIATE CAUSE		(a) Carcinoma of breast		67805 -	
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (A), STATING THE UNDER- LYING CAUSE LAST		(b) MAY 11 2000		3	
CAUSE		(c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (A)				19a. PETER BENJAMIN LAKE COUNTY AUDITOR	
DATE & TIME OF DEATH		DATE SIGNED		MONTH DAY YEAR	
70. 3-3-72		71. MAY 11 2000		2000	
PHYSICIAN'S NAME (TYPE OR PRINT) 22. DR. MILTON B BERGAL		SIGNATURE OF PHYSICIAN Milton B Bergal MD		DEGREE OR TITLE: MD	
23. 2318 W 5th Ave Gary Indiana 46404		CITY OR TOWN		STATE ZIP	
24a. REMOVAL		24b. LOCAL		24c. LAKE PROVIDENCE - LOUISIANA	
DATE (MONTH, DAY, YEAR) 24a. 3-8-72		FUNERAL HOME—NAME AND ADDRESS 24b. Rayburn Smith 934 E 21st Street Gary Ind 46407		DATE RECEIVED BY LOCAL HEALTH OFFICER 24c. MAR 7 1972	
25b. 113-3 PD-10 100M		25a. T.D. Lucas		13909	

EMBALMER'S NAME: *Carole Smith*
FUNERAL DIRECTOR'S SIGNATURE: *Carole Smith*
LICENSE No. 1235
FUNERAL HOME No. 657

ion Permit
risional
ificate
 No

T.D. Lucas ←

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