

INDIANA STATE BOARD OF HEALTH

Local No. 1420-76

MEDICAL CERTIFICATE OF DEATH

State No.

2000-041215

PERMANENT INK SEE HANDBOOK FOR INSTRUCTIONS

DECEASED—NAME FIRST MIDDLE LAST SEX DATE OF DEATH (MONTH, DAY, YEAR) 1. Delores E. Farmer 2. Female 3. December 13, 1976

RACE AGE—LAST BIRTHDAY (YEARS) UNDER 1 YEAR MOS DAYS UNDER 1 DAY HOURS MIN. DATE OF BIRTH (MONTH, DAY, YEAR) COUNTY OF DEATH 4. Amer. Blk. 5a. 40 5b. 5c. 6. 6-6-1936 7a. 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) 7. Merrillville 7c. Yes 7d. Broadway Methodist Hospital

STATE OF BIRTH (IF NOT IN U.S.A. NAME COUNTRY) CITIZEN OF WHAT COUNTRY MARRIED [X] NEVER MARRIED [] SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) 8. Indiana 9. USA 10. Mr. Jimmie L. Farmer

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) KIND OF BUSINESS OR INDUSTRY 12. 315 38 8958 13a. Housewife 13b. None

RESIDENCE—STATE COUNTY CITY, TOWN OR LOCATION INSIDE CITY LIMITS (SPECIFY YES OR NO) TOWNSHIP 14a. Indiana 14b. Lake 14c. Gary 14d. Yes 14e. Calumet

STREET AND NUMBER 14f. 2231 Wilson Street 14g. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) 14h. YES [] NO [X]

FATHER—NAME FIRST MIDDLE LAST MOTHER—MAIDEN NAME FIRST MIDDLE LAST 15. Jessie Shedd 16. Samella E. Greer

INFORMANT—NAME RELATIONSHIP MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 17a. Mr. Jimmie L. Farmer 17b. Husband 17c. 2231 Wilson St., Gary, Ind. 46404

PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. IMMEDIATE CAUSE (a) Septicemia (b) Diabetic Gangrene of Foot, Secondary Infection (c) Diabetes Mellitus

CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (A), STATING THE UNDERLYING CAUSE LAST

PART II. OTHER SIGNIFICANT CONDITIONS GIVEN IN PART I (A) CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE 19a. Hypertensive - Cardio Vascular Disease PO. Amputation of Foot

DATE & TIME OF DEATH MONTH DAY YEAR HOUR DATE SIGNED MONTH DAY YEAR 20. 21a. FEB 28 2000 21b. James T. Hedrick, MD

PHYSICIAN'S NAME (TYPE OR PRINT) LAST IN ATTENDANCE MAILING ADDRESS—PHYSICIAN STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP 22a. James T. Hedrick, MD 22b. Gary Indiana

BURIAL, CREMATION, REMOVAL (SPECIFY) CEMETERY, CREMATORY, FUNERAL HOME LOCATION CITY OR TOWN STATE 24a. Burial 24b. Oakhill Cemetery 24c. Gary, Indiana

DATE (MONTH, DAY, YEAR) FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 24d. December 18, 1976 25a. Smith, Bizzell & Warner, Inc., 2295 Washington, Gary, Ind. 46407

HEALTH OFFICER—SIGNATURE DATE RECEIVED BY LOCAL HEALTH OFFICER 25b. Peter Stecy, MD 26b. December 16, 1976

25b. SBH06-003

26b. December 16, 1976

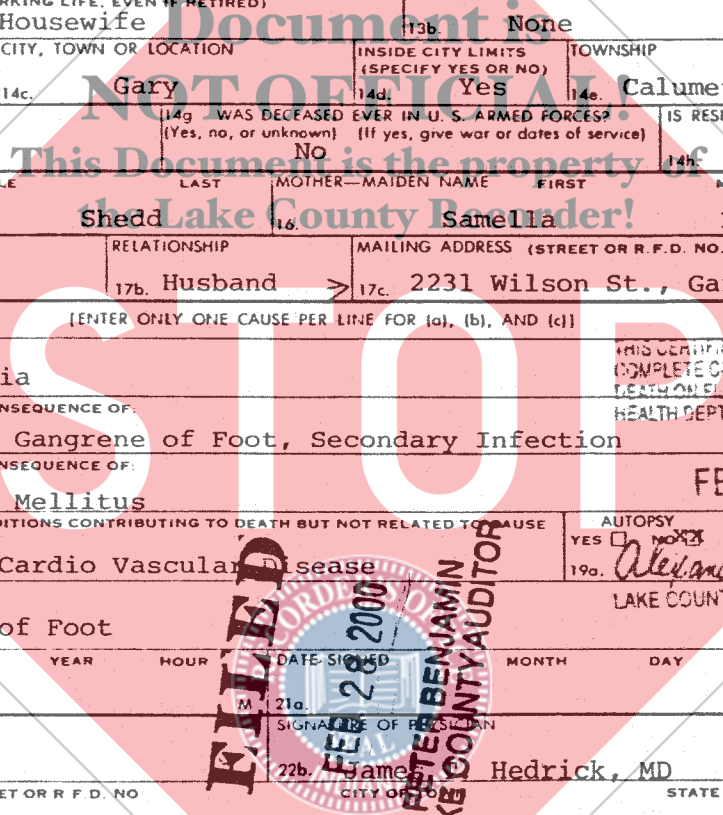
26b. December 16, 1976

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Key # 47-30-41 un. # 25 CAUSE

FUNERAL HOME No. 248 FUNERAL DIRECTOR'S LICENSE No. 1984 EMBALMER'S NAME Ede Warner FUNERAL DIRECTOR'S SIGNATURE Ede Warner

9.00 m/s