

LAKE COUNTY BOARD OF HEALTH

727-77

Local No. 727-77

MEDICAL CERTIFICATE OF DEATH

OVER No.

02434

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 _____

LICENSE No. 1235

FUNERAL HOME
No. 255

FUNERAL DIRECTOR'S
LICENSE No. 657

EMERALD'S NAME

FUNERAL DIRECTOR'S
SIGNATURE

PERMANENT INK SEE HANDBOOK FOR INSTRUCTIONS		DECEASED—NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH, DAY, YEAR)	
		1. Gid H. Bishop					2. Male	3. 6-3-1977	
RACE		AGE—LAST BIRTHDAY (YEARS)	UNDER 1 YEAR	UNDER 1 DAY	DATE OF BIRTH	COUNTY OF DEATH			
4. Black		5a. 57	5b. _____	5c. _____	6. 12-7-1919	7a. Lake			
CITY, TOWN, OR LOCATION OF DEATH		7b. Merrillville		7c. Yes	7d. Broadway Methodist				
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)		8. Tennessee		9. USA		10. Widow			
USUAL RESIDENCE WHERE DECEASED LIVED, IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.		11a. Tennessee		11b. Youngstown		11c. Steel			
SOCIAL SECURITY NUMBER		12. _____		13a. Youngstown		13b. Calumet			
RESIDENCE—STATE		14a. Ind.		14b. Lake		14c. Gary			
STREET AND NUMBER		14d. 660 Louisiana		14e. 660 Louisiana		14f. 660 Louisiana, Gary, Ind.			
FATHER—NAME		15. Bob Bishop		16. Willie Mae Milan					
MOTHER—NAME		17a. Willie Mae Bishop		17b. Wife		17c. 660 Louisiana, Gary, Ind.			
PART I. DEATH WAS CAUSED BY:		18. Carcinoma, Lung						APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE		18. Carcinoma, Lung							
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (A), STATING THE UNDERLYING CAUSE LAST		19. _____							
PART II. OTHER SIGNIFICANT CONDITIONS GIVEN IN PART I (A)		20. _____						IF YES WERE PHYSICIAN'S CONSIDERED IN DETERMINING CAUSE OF DEATH	
DATE & TIME OF DEATH		21. 6-3-1977		21a. 6-23-1977		21b. 6-23-1977		21c. 6-23-1977	
PHYSICIAN'S NAME (TYPE OR PRINT) LAST BY ATTENDANCE		22a. Jerome M. Korn, MD		22b. Dr. Korn		22c. Gary		22d. Ind.	
MAILING ADDRESS—PHYSICIAN		23. 3290 Grant St.		23a. Gary		23b. Ind.		23c. 46408	
BURIAL, CREMATION, REMOVAL (SPECIFY)		24a. Burial		24b. Evergreen Park		24c. Hobart		24d. Ind.	
DATE (MONTH, DAY, YEAR)		24e. 6-10-1977		24f. Andrew Smith 934 E. 21st. Gary, Ind.		24g. _____		24h. _____	
HEALTH OFFICER—SIGNATURE		25a. Peter Stecy, MD		25b. _____		25c. _____		25d. _____	
DATE RECEIVED BY LOCAL HEALTH OFFICER		26. 6-24-1977		26a. _____		26b. _____		26c. _____	

THIS CERTIFIES THE ABOVE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPT.

2. **AUG 30 2000**

Alexander Williams, MD
LAKE COUNTY HEALTH COMMISSIONER

Disposition Permit Issued / /
Provisional Certificate
 Yes No



STATE OF INDIANA
FILED FOR RECORD

Carter check
HARRIS-DES-
420
9:00
AC
C.S.