

#32-57-19

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

State No.

Local No.

524

DECEASED—NAME: CLARICE CLAYTON
 RACE: White, Black, American Indian, or Japanese
 AGE—Last Birthday: 037947
 SEX: Female
 DATE OF BIRTH (MONTH, DAY, YEAR): June 26, 1982
 COUNTY OF DEATH: Lake
 CITY, TOWN, OR VILLAGE: Hammond
 HOSPITAL OR INSTITUTION (Name, Street, and Number): St. Margarets Hospital
 DATE OF DEATH (MONTH, DAY, YEAR): June 28, 1982
 IF HOSP. OR INST. INCREASE DOA. OF FATAL ILL., REPEAT (Specify):
 7d. Inpatient
 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No)
 12. No
 CITIZEN OF WHAT COUNTRY: U.S.A.
 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, OR SEPARATED (If wife, give maiden name):
 7c. Married August Clayton
 SOCIAL SECURITY NUMBER: 313-01-5677
 USUAL RESIDENCE (Give street and number, or name of institution, if applicable):
 14a. Housewife
 KIND OF BUSINESS OR INDUSTRY:
 14b. None
 RESIDENCE—STATE: Indiana
 COUNTY: Lake
 CITY, TOWN, OR VILLAGE: Hammond
 IS RESIDENCE ON A FARM?
 15a. YES NO
 STREET AND NUMBER: 4750 Hickory St.
 INSIDE CITY LIMITS (SPECIFY YES OR NO):
 15b. YES NO
 15c. Yes
 IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEX., CAN., OR PORTO RICAN.
 15d. YES NO
 FATHER—NAME: Clarence Pace
 MOTHER—MA, DEN NAME: Jessie Watkins
 INFORMANT—NAME (Type or print): August Clayton (Husband)
 STREET OR R.F.D. NO.: 4750 Hickory St.
 CITY OR TOWN: Hammond, Indiana 46327
 STATE: IN
 ZIP: 46327
 BURIAL, CREMATION, REMOVAL, OTHER (Specify): Burial
 CEMETERY OR CREMATORY—FUNERAL HOME: Chapel Lawn
 19c. Schererville, Indiana
 FUNERAL HOME—NAME AND ADDRESS: RIFE FUNERAL HOME, 4201 Indpls. East Chicago, Ind.
 DATE (MONTH, DAY, YEAR): June 29, 1982
 DATE SIGNED (M., D., Y.): 6-28-82
 HOUR OF DEATH: 4:10 a.m.
 NAME OF ATTENDING PHYSICIAN (Type or Print): Lowell H. Steen, M.D.
 MAILING ADDRESS—PHYSICIAN: 2450 - 169th Street Hammond, Indiana
 HEALTH OFFICER—NAME AND ADDRESS: James H. Fife, 2450 - 169th Street Hammond, Indiana
 DATE RECEIVED BY LOCAL HEALTH OFFICER: JUN-28 1982
 SIGNATURE: James H. Fife
 EMBALMERS NAME: Woodrow Donovan
 SIGNATURE: Woodrow Donovan
 CAUSE: Myocardial infarction
 INTERVAL BETWEEN ONSET AND DEATH: 24 hrs
 INTERVAL BETWEEN ONSET AND DEATH: 97
 AUTHORITY (Specify Yes or No): No
 24. No

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

Below for State Office Use

THIS CERTIFIES THE ABOVE IS A TRUE AND
COMPLETE COPY OF THE CERTIFICATE OF DEATH
ON FILE WITH THE HAMMOND HEALTH DEPT.
Frank S. Szymanski
HAMMOND HEALTH COMMISSIONER
Date Issued: JUN 28 1982

Disposition Permit Issued / /
 Provisional Certificate
 Yes No

RECORDED OFFICIAL
 PARENTS
 SEAL
 5313 LICENSE NO.
 FURNERAL DIRECTOR'S LICENSE NO. 8
 FURNERAL HOME 151
 LICENSE NO. 5313
 WOODROW DONOVAN
 SIGNATURE

