

PLAINLY WITH  
UNFADING INK  
THIS IS A  
PERMANENT  
RECORD

Below for State Office Use

EMBALMER'S NAME Roosevelt Allen LICENSE No. 5170  
 FUNERAL DIRECTOR'S SIGNATURE Roosevelt Allen FUNERAL DIRECTOR'S LICENSE No. 270  
 FUNERAL HOME No. 770

Disposition Permit Issued / Provisional Certificate  
 Yes  No

A \_\_\_\_\_  
 B \_\_\_\_\_  
 C \_\_\_\_\_  
 D \_\_\_\_\_  
 E \_\_\_\_\_  
 F \_\_\_\_\_  
 G \_\_\_\_\_  
 H \_\_\_\_\_  
 I \_\_\_\_\_  
 J \_\_\_\_\_

TYPE OR PRINT IN PERMANENT INK FOR INSTRUCTIONS SEE HANDBOOK  
 DECEASED OCCURRED IN STATE OF INDIANA SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEM.  
 DECEASED  
 CERTIFIER  
 DISPOSITION  
 PARENTS

DECEASED—NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH, DAY, Y.)
1. <u>Clara Stewart</u>		<u>M.</u>		<u>Stewart</u>	<u>Female</u>	<u>June 5, 1982</u>
FACE—(a) White, Black, American Indian, etc. (Specify)	AGE—(Year, Month, Day)	UNDER 1 YEAR	UNDER 1 DAY	DATE OF BIRTH (Mo., Day, Y.)	COUNTY OF DEATH	
4. <u>X Black</u>	5a. <u>40</u>	5b. _____	5c. _____	6. <u>7/2/1941</u>	<u>Lake</u>	
CITY, TOWN OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—(Name if not in other, give street and number)		7a. _____		7b. <u>Lap.</u>
<u>Gary</u>		<u>Methodist Hospital North-Lake</u>		7c. _____		7d. <u>No</u>
STATE OF BIRTH (If not in U.S.A. name country)		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		11. <u>Willie E. Stewart</u>
<u>Miss.</u>		<u>U.S.A.</u>		<u>idMarried</u>		12. <u>No</u>
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		KIND OF BUSINESS OR INDUSTRY		
8. _____		<u>Housewife</u>		14b. _____		
RESIDENCE—STATE		COUNTY	CITY, TOWN OR LOCATION	IS RESIDENCE ON A FARM?		INSIDE CITY LIMITS (Specify YES OR NO)
13. <u>Indiana</u>		<u>Lake</u>	<u>Gary</u>	15a. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		15b. <u>yes</u>
STREET AND NUMBER		15d. <u>1524 Porter St.</u>		15c. _____		15e. _____
IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC.						
16. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>						
FATHER—NAME		FIRST	MIDDLE	LAST	MOTHER—MAIDEN NAME	FIRST
18. <u>Lemmie Lockhart</u>				<u>Penola</u>		
RELATIONSHIP		MAILING ADDRESS		CITY OR TOWN		STATE
<u>Willie E. Stewart (Husband)</u>		<u>1524 Porter St.</u>		<u>Gary, Indiana</u>		<u>46404</u>
BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATION—FUNERAL HOME		LOCATION		CITY OR TOWN
<u>Burial</u>		<u>Evergreen Cemetery</u>		<u>Hobart, Indiana</u>		
DATE (MONTH, DAY, YEAR)		FUNERAL HOME—NAME AND ADDRESS		STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP		
20. <u>6/12/82</u>		<u>Guy &amp; Allen Funeral Directors 2959 W. 11th Ave. Gary, Ind.</u>				
On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the causal stated.						
21. Signature		21b. <u>Albert T. Willard</u>		21c. <u>MD</u>		21d. <u>6-5-82</u>
NAME AND ADDRESS OF CERTIFIER (Type or Print)		21e. <u>ALBERT T. WILLARD, M.D., 2293 NORTH MAIN ST., CROWN POINT, IN. 46307</u>		21f. <u>5:00 p.</u>		21g. <u>cdt</u>
HEALTH OFFICER—SIGNATURE		DATE RECEIVED BY LOCAL HEALTH OFFICER		HOUR OF DEATH		PHONOUNCED DEAD (hour)
<u>Albert T. Willard</u>		<u>JUN 18 1982</u>		<u>6-11-82</u>		<u>5:00 p.</u>
22a. IMMEDIATE CAUSE		22b. <u>Pneumonia</u>		22c. <u>Interval between onset and death</u>		22d. <u>Interval between onset and death</u>
23. CONDITIONS WHICH CAUSE RISE TO IMMEDIATE CAUSE STAYING THE UNDERLYING CAUSE (List)		23a. <u>Due to multiple fractures and injuries</u>		23b. <u>Due to auto/pedestrian accident</u>		23c. <u>Undetermined</u>
24. OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)		24a. <u>Due to OR AS A CONSEQUENCE OF:</u>		24b. <u>Due to OR AS A CONSEQUENCE OF:</u>		24c. <u>Interval between onset and death</u>
PART II		24d. <u>Due to auto/pedestrian accident</u>		24e. <u>Interval between onset and death</u>		24f. <u>Interval between onset and death</u>
AGC. SUICIDE, HON. UNDET. OR PENDING INVESTIGATION		DATE OF INJURY (Mo., Day, Y.)		HOUR OF INJURY		DESCRIBE HOW INJURY OCCURRED
25a. <u>Accident</u>		<u>4/10/82</u>		<u>M</u>		<u>Auto/pedestrian accident</u>
25b. PLACE OF INJURY—(Home, farm, street, factory, office building, etc. (Specify))		25c. LOCATION		STREET OR R.F.D. NO.		CITY OR TOWN
<u>No</u>		<u>Street</u>		<u>15th &amp; Porter Sts., Gary, IN</u>		STATE

 CERTIFIED BY  
HEALTH COMMISSIONER  
CITY OF GARY, IND.  
APR 28 2003

DATE \_\_\_\_\_