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INDIANA STATE BOARD OF HEALTH MEDICAL CERTIFICATE OF DEATH

Local No. **87-0317**

State No. _____

FUNERAL HOME
3007704

FUNERAL DIRECTORS
LICENSE No. 1045736

FUNERAL DIRECTORS
LICENSE No. 1051701

EMBALMERS NAME
Roosevelt Allen Jr.

SIGNATURE
Fay D. Allen

DATE RECEIVED BY LOCAL HEALTH OFFICER
MAY 18 1987

CAUSE
Interval between onset and death

Interval between onset and death

Interval between onset and death

Interval between onset and death

Interval between onset and death

Interval between onset and death

Interval between onset and death

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Interval between onset and death

Interval between onset and death

Interval between onset and death

Interval between onset and death

Interval between onset and death

1 DECEASED-NAME FIRST MIDDLE LAST THURMAN LEWIS STARKS		SEX MALE		DATE OF DEATH (MONTH DAY YEAR) May 4, 1987	
2 RACE-1-9 White Black American Indian and (Specify)		3 UNDER 1 YEAR MOS. DAYS HOURS MINS 2007		4 COUNTY OF DEATH LAKE	
5 CITY TOWN OR VILLAGE GARY		6 DATE OF BIRTH (MONTH DAY YEAR) 6-11-05		7a HOSPITAL ST. MARY MEDICAL CENTER	
7b STATE OF BIRTH (If not U.S.A. country) KENTUCKY		7c CITIZEN OF WHAT COUNTRY U.S.A.		7d IF HOSP OR INST. (Indicate by code on Form 101-100-100-100-100)	
8 SOCIAL SECURITY NUMBER 306-09-8193		9 MARRIED NEVER MARRIED? <input checked="" type="checkbox"/> MARRIED? <input type="checkbox"/>		10 SURVIVING SPOUSE (If wife give maiden name) ALMAMIE PORTER	
11 RESIDENCE-STATE INDIANA		12 USUAL OCCUPATION (Give kind of work done during most of working life even if retired) RETIRED		13 WAS DEFERRED FOR U.S. ARMY, NAVY, AIR FORCE, SPACE FORCE OR MARINE CORPS? NO	
14 RESIDENCE-CITY, TOWN OR LOCATION LAKE		15a IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. NO		15b INSIDE CITY LIMITS (Specify city, yes or no) YES	
15c STREET AND NUMBER 1140 HARRISON STREET		15d IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. NO		15e	
16 FATHER-NAME FIRST MIDDLE LAST ROBERT STARKS		17 MOTHER-NAME FIRST MIDDLE LAST HATTIE RICHIERSON		18	
19 INFORMANT-NAME (Type or print) RELATIONSHIP ALMAMIE STARKS WIFE		20 Mailing Address 1140 HARRISON STREET, GARY, IN 46407		21	
22 BURIAL DATE (MONTH DAY YEAR) 5-9-87		23 CEMETERY OR FUNERAL HOME OAK HILL CEMETERY		24	
25 FUNERAL HOME-NAME AND ADDRESS GUY & ALLEN FUNERAL DIRECTORS, INC. 2959 W. 11th Ave. Gary, IN 46404		26 DATE SIGNED (Month Day Year) 5-11-87		27 HOUR OF DEATH	
28 NAME OF ATTENDING PHYSICIAN (Type or Print) DR. ROBERT D. SMALLS		29 M.D. OR D.O.		30	
31 MAILING ADDRESS - PHYSICIAN 535 W. 35th Ave. Gary, Indiana 46408		32 SIGNATURE OF PHYSICIAN Robert D. Smalls		33	
34 HEALTH OFFICER'S SIGNATURE Samuel T. Newick, Jr.		35 DATE RECEIVED BY LOCAL HEALTH OFFICER MAY 18 1987		36	
37 PART I (a) IMMEDIATE CAUSE Altaustine Adams Culcena of Porto Rico		38 PART I (b) DUE TO OR AS A CONSEQUENCE OF		39	
40 PART II (a) OTHER SIGNIFICANT CONDITIONS Contributing to death but not stated in cause given in PART I (a)		41 PART II (b) OTHER SIGNIFICANT CONDITIONS Contributing to death but not stated in cause given in PART I (a)		42	

