

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

Below for State Office Use

EMBALMER'S NAME Ede Warner LICENSE No. 4260  
 FUNERAL DIRECTOR'S SIGNATURE Ede Warner FUNERAL DIRECTOR'S LICENSE No. 1984 FUNERAL HOME No. 248

Disposition Permit Issued / Provisional Certificate  
 Yes  No

A \_\_\_\_\_  
 B \_\_\_\_\_  
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Local No. 80-0194

INDIANA DEPARTMENT OF HEALTH  
 CORONERS CERTIFICATE OF DEATH

State No. \_\_\_\_\_

DECEASED - NAME: **FREDERICK ONEAL BOYD JR.** SEX: **MALE** DATE OF DEATH (MONTH DAY YEAR): **MAY 30, 1980**

RACE: **AMER. BLK.** AGE (Year, Month, Day): **31** UNDER 1 YEAR: **623** HOURS: **00** MIN: **00** DATE OF BIRTH (Mo. Day Yr.): **MAY 1949** COUNTY OF DEATH: **LAKE**

CITY, TOWN OR LOCATION OF DEATH: **GARY** HOSPITAL OR OTHER INSTITUTION: **416 TOMPKINS STREET**

STATE OF BIRTH (If not in U.S.A. Name Country): **ILLINOIS** CITIZEN OF WHAT COUNTRY: **U.S.A.** MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): **MARRIED** SURVIVING SPOUSE (If wife, give maiden name): **SHIRLEY ANN GREEN**

SOCIAL SECURITY NUMBER: **311-46-4480** USUAL OCCUPATION (Give kind of work done during most of working life even if retired): **LABORER** KIND OF BUSINESS OR INDUSTRY: **U.S. STEEL COKE PLANT**

RESIDENCE - STATE: **INDIANA** COUNTY: **LAKE** CITY, TOWN OR LOCATION: **GARY** IS RESIDENCE ON A FARM? **NO** INSIDE CITY LIMITS (If not, give city or town): **YES**

STREET AND NUMBER: **416 TOMPKINS STREET** CITY OR TOWN: **GARY** STATE: **INDIANA** ZIP: **46406**

IS DECEASED OF SPANISH DESCENT? **NO** IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC.

FATHER - NAME: **FREDERICK ONEAL BOYD SR.** MOTHER - MARRIED NAME: **ROSE DOTSON**

INFORMANT - NAME (Type of friend): **SHIRLEY BOYD** STREET OR R.F.D. NO.: **203** CITY OR TOWN: **GARY** STATE: **INDIANA** ZIP: **46406**

BURIAL: **EVERGREEN CEMETERY** FUNERAL HOME - NAME AND ADDRESS: **SMITH BIZZELL & WARNER, INC., 2295 WASH. ST., GARY, IND. 46407**

DATE (MONTH DAY YEAR): **JUNE 5, 1980** DATE SIGNED (Mo. Day Yr.): **6-2-80** HOUR OF DEATH: **5-30-80**

On the basis of examination and/or investigation, in my opinion death occurred at: **203 SMITH BIZZELL & WARNER, INC., 2295 WASH. ST., GARY, IND. 46407**

CERTIFIER: **DR. ALBERT T. WILLIARDO, M.D., 2293 NO. MAIN STREET, CROWN POINT, INDIANA 46307**

HEALTH OFFICER - SIGNATURE: **E. H. Caldwell, M.D.** DATE RECEIVED BY LOCAL HEALTH OFFICER: **JUN 3 1980**

INTERVAL BETWEEN INJURY AND DEATH: **Undetermined**

PART I: (a) DUE TO OR AS A CONSEQUENCE OF: **Aspiration of gastric content** (b) DUE TO OR AS A CONSEQUENCE OF: **Due to epileptic seizure**

PART II: OTHER SIGNIFICANT CONDITIONS: **Interval between injury and death**

ACC. SOURCE, HOW, INCIDENT, ON PENDING INQUIRY: **Natural** DATE OF INJURY (Mo. Day Yr.): **M** HOUR OF INJURY: **M** DESCRIBE HOW INJURY OCCURRED: **24 Yes**

INJURY AT WORK (Specify Yes or No): **25a** PLACE OF INJURY - At home, farm, street, factory, shop, building, etc. (Specify): **25b** LOCATION: **25c** STREET OR R.F.D. NO.: **25d** CITY OR TOWN: **25e**

SBH-06-004 REV. 10-77

*Handwritten signature and initials*