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PERMANENT
RECORD

Below for State Office Use

INDIANA COUNTY
FILED FOR RECORD
2004 FEB 12

2004 012238

Disposition Permit Issued / Provisional Certificate
 Yes No

71 0236
Local No. 92

INDIANA STATE BOARD OF HEALTH
DIVISION OF VITAL RECORDS
MEDICAL CERTIFICATE OF DEATH

State No.

SBM 113-3

PERMANENT INK
SEE HANDBOOK FOR
INSTRUCTIONS

DECEASED—NAME FIRST MIDDLE LAST
LA VERNE TYSON RICE
SEX Female
DATE OF BIRTH (MONTH, DAY, YEAR) February 17, 1971
COUNTY OF DEATH Lake

1. RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY) Negro
2. AGE—LAST BIRTHDAY (YEARS, MONTH, DAY) 30
3. HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) Methodist Hospital Gary, Indiana
4. CITY, TOWN, OR LOCATION OF DEATH GARY
5. INSIDE CITY LIMITS (SPECIFY YES OR NO) Yes
6. DATE OF BIRTH (MONTH, DAY, YEAR) 12-11-30
7. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) Simon

8. USUAL RESIDENCE WHERE DECEASED LIVED, IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION
9. SOCIAL SECURITY NUMBER U. S. A.
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Married
11. KIND OF BUSINESS OR INDUSTRY Housewife
12. RESIDENCE—STATE COUNTY CITY, TOWN OR LOCATION
Indiana Lake Gary
13. INSIDE CITY LIMITS (SPECIFY YES OR NO) Yes
14. TOWNSHIP Calumet
15. RESIDENCE ON A FARM? YES NO

16. FATHER—NAME FIRST MIDDLE LAST MOTHER—MAIDEN NAME FIRST MIDDLE LAST
WILLO TYSON Lucille Jenks
17. MAILING ADDRESS (STREET OR P. O. NO., CITY OR TOWN, STATE, ZIP) 1329 Garfield St. Gary, Ind. 46404

18. PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE
Hemorrhagic shock
19. CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (A), STATING THE UNDERLYING CAUSE LAST
Mortgage Street
20. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (A)
Heart failure

21. DEATH OCCURRED (MONTH, DAY, YEAR) 2/23/71
22. CERTIFIER—NAME (TYPE OR PRINT) SIGNATURE (OR TYPE)
Robert A. Wolf, M. D. Robert A. Wolf, M.D.
23. MAILING ADDRESS—CERTIFIER STREET OR R. F. D. NO. CITY OR TOWN STATE ZIP
535 W. 35th Ave. Gary Ind. 46404

24. BURIAL (SPECIFY) CEMETERY, CREMATORY, FUNERAL HOME LOCATION CITY OR TOWN STATE FUNERAL HOME NUMBER
Burial Evergreen Memorial Hobart, Indiana 248
25. FUNERAL HOME—NAME AND ADDRESS (STREET OR P. O. NO., CITY OR TOWN, STATE, ZIP)
Smith & Bizzell 2295 Wash. St. Gary, Ind. 46407

26. FUNERAL DIRECTOR—SIGNATURE (OR TYPE) RECEIVED BY LOCAL OFFICER
Robert L. Lewis
FEB 19 1971

Robert L. Lewis & Assoc.
2148 W. 11th Ave.
Gary, IN 46404

