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TYPE OR PRINT
PLAINLY WITH
UNFADING INK
THIS IS A

PERMANENT
RECORD

Below for State Office Use

EMBALMER'S NAME Patrician Owens LICENSE No. 8700298
 FUNERAL DIRECTOR'S SIGNATURE 2004 044681 FUNERAL DIRECTOR'S LICENSE No. 8700298 FUNERAL HOME No. 3007704

Local No.

87-0838

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

State No.

File # 47-443-11

DECEASED - NAME		FIRST		MIDDLE		LAST		SEX	DATE OF DEATH - MONTH DAY YEAR	
LORENZO		O.		HARRIS		HARRIS		MALE	DECEMBER 14, 1987	
1	RACE - (If Spelling Book American, Underline the Surname)	AGE - (In Years)	UNDER 1 YEAR	1 YEAR	UNDER 5 DAYS	5 DAYS	5 YEARS	DATE OF BIRTH - MONTH DAY YEAR	COUNTY OF DEATH	
	BLACK	67						2-16-1920	LAKE	
4	CITY, TOWN OR LOCATION OF DEATH	GARY								
7a	STATE OF BIRTH (If not in U.S.A.)	9	CITIZEN OF WHAT COUNTRY	U.S.A.						
8	ALABAMA									
9	SOCIAL SECURITY NUMBER	311-16-2620								
13	RESIDENCE - STATE	15a	COUNTY	15b	STREET AND NUMBER	4101 West 19th Avenue				
	INDIANA		LAKE							
15d	IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC.									
	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>									
15g	FATHER - NAME									
	JAMES TEMPLETON HARRIS									
16	MOTHER - MARRIED NAME									
	ROANN HOWELL									
18a	INFORMANT - NAME (Full name)		RELATIONSHIP		MARRIAGE ADDRESS					
	EMMA HARRIS		WIFE		4101 West 19th Avenue, Gary, IN 46407					
18b	BIRTH DATE		BIRTH PLACE		OAK HILL CEMETERY - FUNERAL HOME					
					GARY, IN					
19a	DATE (MONTH DAY YEAR)		FUNERAL HOME - NAME AND ADDRESS		OAK HILL CEMETERY					
	12-18-87		Guy & Allen Funeral Directors, Inc. 2959 West 11th Ave. Gary, IN							
20a	To the best of my knowledge death occurred in the state whose laws are held to be (casualty stated)									
	INDIANA									
21a	NAME OF ATTENDING PHYSICIAN (Type or Print)									
	DR. OKECHI NWABARA									
21b	DATE SIGNED (Month Day Year)									
	12/17/87									
21c	HOURS OF DEATH									
	M									
21d	M.D. OR D.O.									
21e	MARRIAGE ADDRESS - PHYSICIAN									
	5535 Spangway									
21f	DATE RECEIVED BY LOCAL HEALTH OFFICE									
	MAY 27 2004 DEC 23 1987									
22	MARRIAGE DATE CAUSE									
	Cardiovascular									
23	MARRIAGE DATE CAUSE									
	Septic shock									
24	MARRIAGE DATE CAUSE									
	OCCASION									

SBH 06-003 State Form 35-430
REV 10/77

GT
M
CASH