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

Below for State Office Use

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Disposition Permit Issued / /

Provisional Certificate ☐ Yes ☐ No

EMBALMER'S NAME Ede Warner LICENSE No. 4260

FUNERAL DIRECTOR'S SIGNATURE [signature] LICENSE No. 1984

FUNERAL HOME 248

Local No. 84-0365

INDIANA STATE BOARD OF HEALTH
CORONER'S CERTIFICATE OF DEATH

State No. .....

TYPE OR PRINT IN PERMANENT INK FOR INSTRUCTIONS SEE HANDBOOK

DECEASED

1. DECEASED—NAME: FIRST Andre; MIDDLE; LAST Anderson
2. SEX: male
3. DATE OF DEATH (MONTH, DAY, YEAR): June 3, 1984
4. RACE—(e.g. White, Black, American Indian, etc.) (Specify): Amer Blk
5a. AGE—Last Birthday (Yrs.): 45
5b. UNDER 1 YEAR: MOS. / DAYS
5c. UNDER 1 DAY: HOURS / MINS.
6. DATE OF BIRTH (Mo., Day, Yr.): 12/16/38
7a. COUNTY OF DEATH: Lake
7b. CITY, TOWN OR LOCATION OF DEATH: Gary
7c. HOSPITAL OR OTHER INSTITUTION—Name (If not in either, give street and number): 1313 Georgia
7d. IF HOSP. OR INST. Indicate DOA, OP/Emer. Rm., Inpatient (Specify): N/A
8. STATE OF BIRTH (If not in U.S.A. name country): Alabama
9. CITIZEN OF WHAT COUNTRY: USA
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
11. SURVIVING SPOUSE (If wife, give maiden name): Mary Haywood
12. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No): No
13. SOCIAL SECURITY NUMBER: 304-42-2661
14a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Electrician
14b. KIND OF BUSINESS OR INDUSTRY: U.S. Steel
15a. RESIDENCE—STATE: Indiana
15b. COUNTY: Lake
15c. CITY, TOWN OR LOCATION: Gary
15d. STREET AND NUMBER: 1313 Georgia
15e. IS RESIDENCE ON A FARM? YES ☐ NO ☒
16f. INSIDE CITY LIMITS (SPECIFY YES OR NO): yes
15g. IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. YES ☐ NO ☒

IF DEATH OCCURRED IN INSTITUTION, SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS.

PARENTS

16. FATHER—NAME: FIRST Marion; MIDDLE Douglas; LAST Anderson
17. MOTHER—MAIDEN NAME: FIRST Catherine; MIDDLE M.; LAST Weams

DISPOSITION

18a. INFORMANT—NAME: Mary Anderson (Wife)
18. RELATIONSHIP / MAILING ADDRESS (STREET OR R.F.D. NO.): 1313 Georgia Street; CITY OR TOWN: Gary; STATE: Indiana; ZIP: 46407
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify): Burial
19b. CEMETERY OR CREMATORY—FUNERAL HOME: Oakhill Cemetery
19c. LOCATION—CITY OR TOWN: Gary; STATE: Indiana
20a. DATE (MONTH, DAY, YEAR): June 7, 1984
20b. FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): Smith Bizzell& Warner 2295 Washington Gary. In.46407

CERTIFIER

To be Completed by CORONER Only

On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) stated.

21a. Signature: [signature]
21b. DATE SIGNED (Mo., Day, Yr.): 6-4-84
21c. HOUR OF DEATH: M
21d. PRONOUNCED DEAD (Mo., Day, Yr.): 6-3-84
21e. PRONOUNCED DEAD (Hour): AT 9:36 A.M.
21f. NAME AND ADDRESS OF CERTIFIER (Type or Print): DANIEL D. THOMAS, M.D. 293 NORTH MAIN ST., CROWN POINT, IN. 46307
22a. HEALTH OFFICER—SIGNATURE: [signature] M.D.
22b. DATE RECEIVED BY LOCAL HEALTH OFFICER: JUN 4 1984

CAUSE

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

[ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).]

		Interval between onset and death
PART I (a)	Atrophy, bilateral, of kidneys	Undetermine
DUE TO, OR AS A CONSEQUENCE OF: (b)	Marked cardiomegaly	
DUE TO OR AS A CONSEQUENCE OF: (c)		
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)		AUTOPSY (Specify Yes or No): 24. Yes

ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)	DATE OF INJURY (Mo., Day, Yr.)	HOUR OF INJURY	DESCRIBE HOW INJURY OCCURRED
25a. Natural	25b.	25c. M	25d.
INJURY AT WORK (Specify Yes or No) 25e.	PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 25f.	LOCATION—STREET OR R.F.D. NO. / CITY OR TOWN / STATE 25g.	

FILED FOR RECORD
MAR 28 12 11 '08
JOHN A. BROWN
CORONER

2008 022267

FILED
MAR 28 2008
6205
PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

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