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for State Office Use

Local No. 85-0480

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

State No.

TYPE OR PRINT IN PERMANENT INK FOR INSTRUCTIONS SEE HANDBOOK

DECEASED

USUAL RESIDENCE WHERE DECEASED LIVED. IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

PARENTS

DISPOSITION

M.D. OR D.O.

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

CAUSE

1. DECEASED—NAME (FIRST / MIDDLE / LAST)	Royal	McCrowley	
2. SEX	Male		
3. DATE OF DEATH (MONTH, DAY, YEAR)	July 27, 1985		
4. RACE—(e.g. White, Black, American Indian, etc.) (Specify)	Black		
5a. AGE—Last Birthday (Yrs.)	68		
5b. UNDER 1 YEAR (MO. / DAYS)			
5c. UNDER 1 DAY (HOURS / MINS)			
6. DATE OF BIRTH (Mo., Day, Yr.)	1/27/1917		
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)	St. Mary's Medical Center		
7d. IF HOSP. OR INST. Indicate DOA, OP/Emer. Rm. Inpatient (Specify)	Inp.		
8. STATE OF BIRTH (If not in U.S.A. name country)	Miss.		
9. CITIZEN OF WHAT COUNTRY	U.S.A.		
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	Married		
11. SURVIVING SPOUSE (If wife, give maiden name)	Dorothy Moten		
12. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No)	yes		
13. SOCIAL SECURITY NUMBER	427-34-5755		
14a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	Retired		
14b. KIND OF BUSINESS OR INDUSTRY	J. & L. Steel Corp.		
15a. RESIDENCE—STATE	Indiana		
15b. COUNTY	Lake		
15c. CITY, TOWN OR LOCATION	Gary		
15d. STREET AND NUMBER	1166 Harrison Blvd.		
15e. IS RESIDENCE ON A FARM?	YES ☐ NO ☒		
15f. INSIDE CITY LIMITS (SPECIFY YES OR NO)	yes		
15g. IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC.	YES ☐ NO ☒		
16. FATHER—NAME (FIRST / MIDDLE / LAST)	Grady	McCrowley	
17. MOTHER—MAIDEN NAME (FIRST / MIDDLE / LAST)	Lucy	Mae	
18a. INFORMANT—NAME (Type or print) / RELATIONSHIP	Dorothy McCrowley (Wife)		
18b. MAILING ADDRESS (STREET OR R.F.D. NO. / CITY OR TOWN / STATE / ZIP)	1166 Harrison Blvd. Gary, Indiana 46407		
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify)	Burial		
19b. CEMETERY OR CREMATORY—FUNERAL HOME	Evergreen Cemetery		
19c. LOCATION (CITY OR TOWN / STATE)	Hobart, Indiana		
20a. DATE (MONTH, DAY, YEAR)	7/31/85		
20b. FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO. / CITY OR TOWN / STATE / ZIP)	Guy & Allen Fun. Dir., Inc. 2959 W. 11th Ave. Gary, Ind.		
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated (Signature)	[signature]		
21b. DATE SIGNED (Mo., Day, Yr.)			
21c. HOUR OF DEATH			
21d. NAME OF ATTENDING PHYSICIAN (Type or Print)			
21e. MAILING ADDRESS—PHYSICIAN			
22a. HEALTH OFFICER—SIGNATURE	[signature]		
22b. DATE RECEIVED BY LOCAL HEALTH OFFICER	AUG 7 1985		
23. PART I (a) IMMEDIATE CAUSE (ENTER ONE CAUSE PER LINE FOR (a), (b), AND (c))	Renal dysfunction + Electrolyte imbalance		Interval between onset and death
(b) DUE TO, OR AS A CONSEQUENCE OF	Prostate Cancer with bone mets		Interval between onset and death
(c) DUE TO OR AS A CONSEQUENCE OF			Interval between onset and death
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)			AUTOPSY (Specify Yes or No)

EMBALMER'S NAME Roosevelt Allen

FUNERAL DIRECTOR'S SIGNATURE [signature]

LICENSE No. 5170

FUNERAL DIRECTOR'S LICENSE No. 270

FUNERAL HOME No. 770

SBH 06-003 State Form 35430
REV. 10/77

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