094025

Local No. 226

INDIANA STATE BOARD OF HEALTH
CERTIFICATE OF DEATH

THIS CERTIFIES THE FOLLOWING IS A TRUE AND COMPLETE COPY OF DEATH ON FILE WITH THE HAMMOND HEALTH DEPARTMENT.

March 7, 1990 — Date Issued — Hammond Health Commissioner

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

- 1. DECEASED—NAME (First, Middle, Last): Edward Brooks
- 2. SEX: Male
- 3a. TIME OF DEATH: 5:53 p.m.
- 3b. DATE OF DEATH (Month, Day, Yr): March 2, 1990
- 4. SOCIAL SECURITY NUMBER: 315-30-7682
- 5a. AGE—Last Birthday (Years): 54
- 5b. UNDER 1 YEAR (Months, Days):
- 5c. UNDER 1 DAY (Hours, Minutes):
- 6. DATE OF BIRTH (Mo, Day, Yr): July 3, 1935
- 7. BIRTHPLACE (City and State or Foreign Country): East Chicago, Indiana
- 8a. WAS DECEDENT A U.S. VETERAN?: Yes
- 8b. YEAR LAST SERVED IN U.S. ARMED FORCES?: 1957
- 9a. PLACE OF DEATH (Check only one. See instructions): HOSPITAL: [X] Inpatient [ ] ER/Outpatient [ ] DOA; OTHER: [ ] Nursing Home [ ] Other (Specify) [ ] Residence
- 9b. FACILITY NAME (If not institution, give street and number): St. Margaret Hospital
- 9c. CITY, TOWN, OR LOCATION OF DEATH: Hammond
- 9d. COUNTY OF DEATH: Lake
- 10. MARITAL STATUS (Specify): Married
- 11. SURVIVING SPOUSE (If wife, give maiden name): Thurl Cromwell
- 12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Heat Treater
- 12b. KIND OF BUSINESS/INDUSTRY: LaSalle Steel
- 13a. RESIDENCE—STATE: Indiana
- 13b. COUNTY: Lake
- 13c. CITY, TOWN, OR LOCATION: Gary
- 13d. STREET AND NUMBER: 21 W. 47th Avenue
- 13e. ZIP CODE: 46408
- 13f. INSIDE CITY LIMITS: [ ] No [X] Yes
- 13g. ON A FARM?: [X] No [ ] Yes
- 14. CITIZEN OF WHAT COUNTRY?: USA
- 15. WAS DECEDENT OF HISPANIC ORIGIN?: [X] No [ ] Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc.)
- 16. RACE—American Indian, Black, White, etc. (Specify): Black
- 17. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 12th Grade; College (1-4 or 5+):

PARENTS

- 18. FATHER'S NAME (First, Middle, Last): Richard Brooks
- 19. MOTHER'S NAME (First, Middle, Maiden Surname): Ida Lewis

INFORMANT

- 20a. INFORMANT'S NAME (Type/Print): Thurl Brooks
- 20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 21 W. 47th Avenue Gary, Indiana 46408
- 20c. Relationship: Wife

DISPOSITION

- 21a. METHOD OF DISPOSITION: [ ] Entombment [X] Burial [ ] Cremation [ ] Removal from State [ ] Donation [ ] Other (Specify)
- 21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): March 9, 1990 Fern Oaks Cemetery
- 21c. LOCATION—City or Town, State: Griffith, Indiana
- 22a. EMBALMER'S NAME: Tracy Cheri Williams
- 22b. EMBALMER'S LICENSE NO: FD08600238
- 23. WAS DEATH REPORTED TO CORONER?: [X] No [ ] Yes
- 24a. SIGNATURE OF FUNERAL DIRECTOR: Tracy Cheri Williams
- 24b. LICENSE NUMBER (of Licensee): FD08600238
- 25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME: Hinton-Williams Funeral Home, 4859 Alexander Avenue, East Chicago, In 46312, FH83001520

FILED

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CAUSE OF DEATH

26. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter nonspecific terms, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. — Approximate Interval Between Onset and Death

- IMMEDIATE CAUSE (Final disease or condition resulting in death): a. Cardiovascular failure
- DUE TO (OR AS A CONSEQUENCE OF): b. [illegible] failure
- DUE TO (OR AS A CONSEQUENCE OF): c. severe coronary artery disease
- DUE TO (OR AS A CONSEQUENCE OF): d. and left ventricular dysfunction

Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last.

PART II. Other significant conditions. Conditions contributing to death but not resulting in the underlying cause given in Part I.

- 27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no): No
- 28a. WAS AN AUTOPSY PERFORMED? (Yes or no): No
- 28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no):

CERTIFIER

- 29a. CERTIFIER (Check only one):
  - [X] CERTIFYING PHYSICIAN — To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated.
  - [ ] HEALTH OFFICER — 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) as stated.
  - [ ] CORONER — 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) and manner as stated.
- 29b. SIGNATURE AND TITLE OF CERTIFIER: Henry G. Giragos M.D.
- 29c. MEDICAL LICENSE NO: 22615
- 29d. DATE SIGNED (Month, Day, Year): March 3/3/90
- 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print): H. Giragos, M.D. 800 MacArthur Blvd., Munster, Indiana 46321

HEALTH OFFICER

- 31. HEALTH OFFICER'S SIGNATURE: Franklin D. Dresnando M.D.
- 32. DATE FILED (Month, Day, Year): March 7, 1990

CORONER USE ONLY

- 33. MANNER OF DEATH: [ ] Natural [ ] Pending Investigation [ ] Accident [ ] Suicide [ ] Could not be Determined [ ] Homicide
- 34a. DATE OF INJURY (Month, Day, Year):
- 34b. TIME OF INJURY:
- 34c. INJURY AT WORK? (Yes or no):
- 34d. DESCRIBE HOW INJURY OCCURRED:
- 34e. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify):
- 34f. LOCATION (Street and Number or Rural Route Number, City or Town, State):
- 34g. DATE PRONOUNCED DEAD (Month, Day, Year):
- 34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.

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SBH06 004 State Form 10110 (R2/3-89)