

90-0128

INDIANA STATE BOARD OF HEALTH

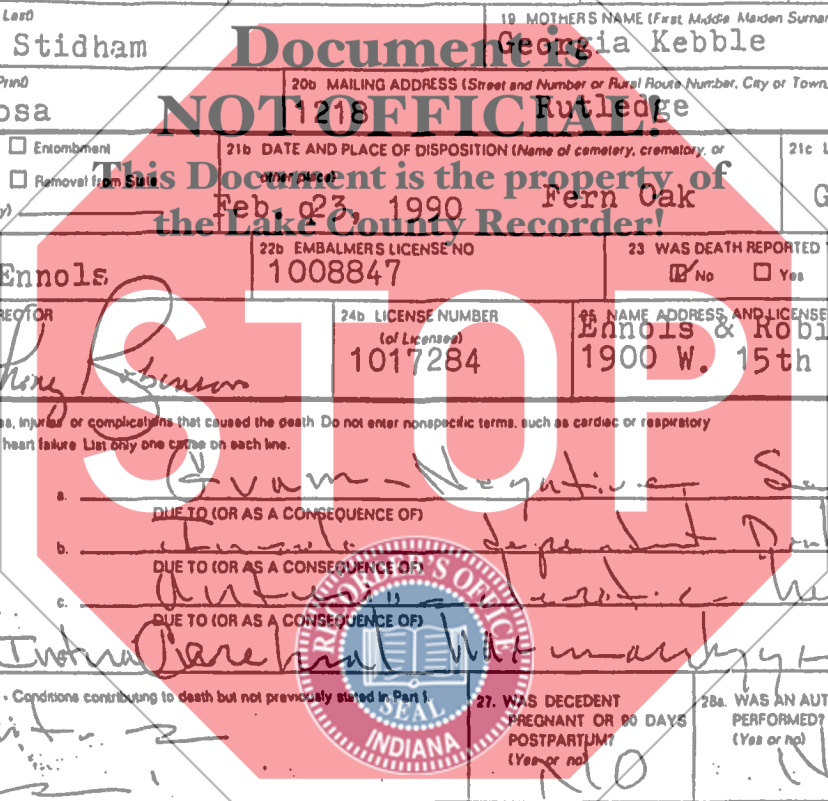
Oliver Sligh  
1218 Rutledge  
State No. ... Gary ... 7.6.90.4

Local No. 004274

CERTIFICATE OF DEATH

TYPE/PRINT IN PERMANENT BLACK INK  
PRECEDENT  
PARENTS  
INFORMANT  
DISPOSITION  
CAUSE OF DEATH  
CERTIFIER  
HEALTH OFFICER  
CORONER USE ONLY

1. DECEASED—NAME (First Middle Last) <b>GLADYS BARNETT</b>				2. SEX <b>FEMALE</b>		3a. TIME OF DEATH <b>3:30A</b>		3b. DATE OF DEATH (Month, Day, Yr) <b>FEBRUARY 17, 1990</b>	
4. SOCIAL SECURITY NUMBER <b>310-22-1661</b>		5a. AGE—Last Birthday (Years) <b>86</b>		5b. UNDER 1 YEAR Months Days		5c. UNDER 1 DAY Hours Minutes		6. DATE OF BIRTH (Mo, Day, Yr) <b>4-5-1903</b>	
7a. WAS DECEDENT A US VETERAN? <b>no</b>		7b. YEAR LAST SERVED IN US ARMED FORCES? <b>N/A</b>		8. PLACE OF DEATH (Check only one See instructions) HOSPITAL <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence			7. BIRTHPLACE (City and State or Foreign Country) <b>De Valls Bluff, ALA</b>		
9b. FACILITY NAME (If not institution, give street and number) <b>Methodist Northlake</b>				9c. CITY, TOWN, OR LOCATION OF DEATH <b>Gary</b>			9d. COUNTY OF DEATH <b>Lake</b>		
10. MARITAL STATUS (Specify) <b>Widowed</b>		11. SURVIVING SPOUSE (If wife, give maiden name)		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) <b>Homemaker</b>			12b. KIND OF BUSINESS/INDUSTRY		
13a. RESIDENCE—STATE <b>Indiana</b>		13b. COUNTY <b>Lake</b>		13c. CITY, TOWN OR LOCATION <b>Gary</b>			13d. STREET AND NUMBER <b>1218 Rutledge St</b>		
13e. ZIP CODE <b>46404</b>		13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes 13g. ON A FARM? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		14. CITIZEN OF WHAT COUNTRY? <b>USA</b>		15. WAS DECEDENT OF HISPANIC ORIGIN? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc)		16. RACE—American Indian, Black, White, etc (Specify) <b>Blk Amer</b>	
17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-11) <input type="checkbox"/> College (1-4) <input type="checkbox"/> Graduate (5+) <input type="checkbox"/> <b>Unavailable</b>				18. FATHER'S NAME (First Middle Last) <b>Luther J. Stidham</b>		19. MOTHER'S NAME (First Middle Maiden Surname) <b>Georgia Kebble</b>			
20a. INFORMANT'S NAME (Type/Print) <b>Joyce Dilosa</b>				20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) <b>1218 Rutledge</b>				20c. Relationship <b>Daughter</b>	
21a. METHOD OF DISPOSITION <input type="checkbox"/> Entombment <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)			21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) <b>Feb. 23, 1990 Fern Oak</b>			21c. LOCATION—City or Town, State <b>Griffith, Indiana</b>			
22a. EMBALMERS NAME <b>Russel A. Ennols</b>				22b. EMBALMERS LICENSE NO <b>1008847</b>		23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
24a. SIGNATURE OF FUNERAL DIRECTOR <i>Paul Anthony Robinson</i>			24b. LICENSE NUMBER (of License) <b>1017284</b>		24c. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME <b>Ennols &amp; Robinson Mem Chpl 1900 W. 15th Ave Gary, In 3002495</b>				
25. PART I. Enter the disease, injury, 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. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. <b>Gram-negative Sepsis</b> 4-5 days b. <b>Aspiration pneumonia</b> 30 days c. <b>Aspiration pneumonia</b> 25 x 2 Underlying cause last: <b>Intra-aortic aneurysm</b> 10 Week									
25. PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I. <b>Decubitus</b>						27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) <b>NO</b>		28a. WAS AN AUTOPSY PERFORMED? (Yes or no) <b>NO</b>	28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) <b>N/A</b>
29a. CERTIFIER (Check only one) <input checked="" type="checkbox"/> CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated <input type="checkbox"/> 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 <input type="checkbox"/> 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 <i>[Signature]</i>						29c. MEDICAL LICENSE NO <b>1932.1</b>		29d. DATE SIGNED (Month, Day, Year)	
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) <b>William R. Lewis 2717 Wabash Ave 46404</b>									
31. HEALTH OFFICER'S SIGNATURE <i>[Signature]</i>							32. DATE FILED (Month, Day, Year) <b>FEB. 20 1990</b>		
33. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Homicide			34a. DATE OF INJURY (Month, Day, Year)		34b. TIME OF INJURY	34c. INJURY AT WORK? (Yes or no) <b>FILED</b>	34d. DESCRIBE HOW INJURY OCCURRED <b>APR 09 1990</b>		
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) <b>4.00</b>					
34g. DATE PRONOUNCED DEAD (Month, Day, Year)			34h. MOTOR VEHICLE ACCIDENT? (Yes or No) If yes specify driver, passenger, pedestrian, etc <b>000526</b>						



Key # 47-55-4 S. Bond & Gary Land Co's-Sub. att 2. 4 BR1