STATE OF INDIANA)
)SS:
COUNTY OF LAKE)

STATE OF INDIANA/SS.NO.
LAKE COUNTY
FILED
APR 19 3 37 PM '90
ROBERT HOOD
RECORDER

SWORN AFFIDAVIT

096120

Comes now EULA MILLER, sister of the deceased, JAMES POWELL and upon being duly sworn alleges and says:

1. That James Powell, my brother, died on February 21, 1990, in Gary, Lake County, Indiana.

2. That JAMES POWELL was also known as JAMES JAY WILLIS POWELL and also JAMES WILLIS POWELL.

3. That this affidavit is made to be filed with his death certificate to induce the auditor and recorder's office to remove his name from property known as 1129 W. 11th Avenue, Gary, Indiana.

FURTHER, your affiant sayeth not.

Eula Miller
EULA MILLER,

CERTIFICATION

Comes now EULA MILLER and affirms under the penalties of perjury that the foregoing representations are true and correct to the best of her knowledge and belief.

Eula Miller
EULA MILLER

RE: Key# 44-297-1
Gary Land Co's 11th Sub.
L11 Bl.5

TERRY C. GRAY
ATTORNEY AT LAW
2210 W. 11th Avenue
Gary, Indiana 46404
(219) 944-2655

FILED
APR 19 1990
AUDITOR LAKE COUNTY

5.50

001223

90-0146

INDIANA STATE BOARD OF HEALTH

CERTIFICATE OF DEATH

No. ..... State No. .....

/PRINT IN ANENT CK INK

1. DECEASED—NAME (First, Middle, Last): James Jay Willis Powell
2. SEX: Male
3a. TIME OF DEATH: 9:20 am
3b. DATE OF DEATH (Month, Day, Yr.): February 21, 1990
4. SOCIAL SECURITY NUMBER: 430 16 7591
5a. AGE—Last Birthday (Years): 66
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Mo., Day, Yr.): March 1, 1923
7. BIRTHPLACE (City and State or Foreign Country): Columbus, Ak.
8a. WAS DECEDENT A U.S. VETERAN?: Yes
8b. YEAR LAST SERVED IN U.S. ARMED FORCES?: 1942
8c. PLACE OF DEATH (Check only one. See instructions): HOSPITAL ☐ Inpatient ☐ ER/Outpatient ☐ DOA; OTHER ☐ Nursing Home ☐ Other (Specify) ☒ Residence
9a. FACILITY NAME (If not institution, give street and number): 1129 West 11th Ave.
9c. CITY, TOWN, OR LOCATION OF DEATH: Gary
9d. COUNTY OF DEATH: Lake
10. MARITAL STATUS (Specify): Never Married
11. SURVIVING SPOUSE (If wife, give maiden name): None
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Laborer
12b. KIND OF BUSINESS/INDUSTRY: US Gary Works
13a. RESIDENCE—STATE: Indiana
13b. COUNTY: Lake
13c. CITY, TOWN, OR LOCATION: Gary
13d. STREET AND NUMBER: 1129 W. 11th Ave.
13e. ZIP CODE: 46404
13f. INSIDE CITY LIMITS: ☐ No ☒ Yes
13g. ON A FARM?: ☒ No ☐ Yes
14. CITIZEN OF WHAT COUNTRY?: U.S.A.
15. WAS DECEDENT OF HISPANIC ORIGIN?: ☒ 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): 8th; College (1-4 or 5+):
18. FATHER'S NAME (First, Middle, Last): Ben Powell
19. MOTHER'S NAME (First, Middle, Maiden Surname): Minnie Johnson
20a. INFORMANT'S NAME (Type/Print): Eula Miller
20b. MAILING ADDRESS (Street and Number or R.F.D. Number, City or Town, State, Zip Code): 1129 W.11th Ave. Gary, In. 46404
20c. Relationship: Sister
21a. METHOD OF DISPOSITION: ☒ Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)
21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): February 26, 1990 Oak Hill Cemetery
21c. LOCATION—City or Town, State: Gary, In.
22a. EMBALMER'S NAME: Patrician Owens
22b. EMBALMER'S LICENSE NO.: 08700298
23. WAS DEATH REPORTED TO CORONER?: ☒ No ☐ Yes
24a. SIGNATURE OF FUNERAL DIRECTOR: Valerie Brodnax
24b. LICENSE NUMBER (of Licensee): 08700646
25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME: 83007704 Guy & Allen Funeral Directors, Inc 2959 W.11th Ave. Gary, In. 46404

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. Acute congestive heart failure
DUE TO (OR AS A CONSEQUENCE OF):
b. End stage cardiomyopathy
DUE TO (OR AS A CONSEQUENCE OF):
c.
DUE TO (OR AS A CONSEQUENCE OF):
d.

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 previously stated 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): NO

FILED
APR 19 1990

29a. CERTIFIER (Check only one): ☒ 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: John W. Klemme M.D.
29c. MEDICAL LICENSE NO.: 27097
29d. DATE SIGNED (Month, Day, Year): March 5, 1990
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH ITEM 29D (Type/Print): Dr. John W. Klemme 9830 Broadway Crown Point, Indiana 46307
31. HEALTH OFFICER'S SIGNATURE:
32. DATE FILED (Month, Day, Year): MAR. 9 1990

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.

Key#44-297-1
Gary Land Co's 11th Sub.
Lil BL 5

001224

CERTIFIED BY:

Silvia E Foster M.D. MPH

HEALTH COMMISSIONER
CITY OF GARY, IND.

DATE APR 16 1980