90-0826

INDIANA STATE BOARD OF HEALTH
CERTIFICATE OF DEATH

Local No. 91020600 — State No.

JoAnne Wheeler 1101 Maryland St Gary, In 46407

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

Field	Entry
1. DECEASED—NAME (First, Middle, Last)	Corrine Phillips
2. SEX	Female
3a. TIME OF DEATH	05:42AM
3b. DATE OF DEATH (Month, Day, Yr)	November 23, 1990
4. SOCIAL SECURITY NUMBER	429-60-8758
5a. AGE—Last Birthday (Years)	68
5b. UNDER 1 YEAR (Months / Days)	
5c. UNDER 1 DAY (Hours / Minutes)	
6. DATE OF BIRTH (Mo, Day, Yr)	NOV 28, 1921
7. BIRTHPLACE (City and State or Foreign Country)	Vanndale, Arkansas
8a. WAS DECEDENT A U.S. VETERAN?	No
8b. YEAR LAST SERVED IN U.S. ARMED FORCES?	N/A
9a. PLACE OF DEATH (Check only one. See instructions)	HOSPITAL: ☐ Inpatient ☐ ER/Outpatient ☐ DOA; OTHER: ☐ Nursing Home ☐ Other (Specify) ☒ Residence
9b. FACILITY NAME (If not institution, give street and number)	2173 Arthur Street
9c. CITY, TOWN, OR LOCATION OF DEATH	Gary
9d. COUNTY OF DEATH	Lake
10. MARITAL STATUS (Specify)	Widowed
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)	Housewife
12b. KIND OF BUSINESS/INDUSTRY	Own Home
13a. RESIDENCE—STATE	Indiana
13b. COUNTY	Lake
13c. CITY, TOWN, OR LOCATION	Gary
13d. STREET AND NUMBER	2173 Arthur Street
13e. ZIP CODE	46404
13f. INSIDE CITY LIMITS	☐ No ☒ Yes
13g. ON A FARM?	☒ No ☐ Yes
14. CITIZEN OF WHAT COUNTRY?	USA
15. WAS DECEDENT OF HISPANIC ORIGIN? (If yes, specify Cuban, Mexican, Puerto Rican, etc.)	☒ No ☐ Yes
16. RACE—American Indian, Black, White, etc. (Specify)	Afro Am
17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) / College (1-4 or 5+)	12

PARENTS

Field	Entry
18. FATHER'S NAME (First, Middle, Last)	Stoke Warren
19. MOTHER'S NAME (First, Middle, Maiden Surname)	Annie Futrell

INFORMANT

Field	Entry
20a. INFORMANT'S NAME (Type/Print)	Ruby Smith
20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)	2173 Arthur Street, Gary, Indiana 46404
20c. Relationship	Daughter

DISPOSITION

Field	Entry
21a. METHOD OF DISPOSITION	☒ Burial ☐ Cremation ☐ Entombment ☐ Removal from State ☐ Donation ☐ Other (Specify)
21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)	NOV 28, 1990 Oak Hill Cemetery
21c. LOCATION—City or Town, State	Gary, Indiana 46408
22a. EMBALMER'S NAME	Sherman G. Banks
22b. EMBALMER'S LICENSE NO.	FDE1016254
23. WAS DEATH REPORTED TO CORONER?	☒ No ☐ Yes
24a. SIGNATURE OF FUNERAL DIRECTOR	[signature]
24b. LICENSE NUMBER (of Licensee)	FD01042607
25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME	FH88900011 Smith Bizzell Warner & Son 4209 Grant St. Gary, In. 46408

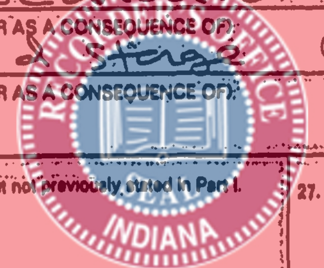
CAUSE OF DEATH

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.

	Cause	Approximate Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition resulting in death) a.	Ventricular arrhythmias	
b. DUE TO (OR AS A CONSEQUENCE OF):	myocardial Infarction	
Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last c. DUE TO (OR AS A CONSEQUENCE OF):	End Stage Renal failure	
d. DUE TO (OR AS A CONSEQUENCE OF):		

FILED APR 30 1991

Annas N. Anton
AUDITOR LAKE COUNTY



Field	Entry
PART II. Other significant conditions. Conditions contributing to death but not previously related in Part I.	
27. WAS DECEDENT PREGNANT OR 60 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

CERTIFIER

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.

Field	Entry
29b. SIGNATURE AND TITLE OF CERTIFIER	K. Umapathy [signature]
29c. MEDICAL LICENSE NO.	01036576
29d. DATE SIGNED (Month, Day, Year)	11-29-90
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print)	Kupusamy Umpathy Dr., 650 Grant Street, 886-4579, Gary, Indiana 46404

HEALTH OFFICER

Field	Entry
31. HEALTH OFFICER'S SIGNATURE	[signature]
32. DATE FILED (Month, Day, Year)	DEC 03 1990

CORONER USE ONLY

Field	Entry
33. MANNER OF DEATH	☐ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Pending Investigation ☐ Could not be Determined
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.	

01775

6.00

44-293-1 Gary Lake Cir Ct 1 Bk 18

STATE OF INDIANA LAKE COUNTY FILED FOR RECORD ROBERT ... RECORDER ... 30 ... 18

SBH06-004 State Form 10110 (R2/3-89) DEA CERT/PD 1

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CERTIFIED BY:

[signature]

HEALTH COMMISSIONER
CITY OF GARY, IND.

DATE DEC. 03 198[illegible]