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91-0918

INDIANA STATE BOARD OF HEALTH
CERTIFICATE OF DEATH

Hald Security

Local No.

State No:

TYPE/PRINT
IN
PERMANENT
BLACK INK

| | | | | | | | |
|---|---|--|--|--|---|--|--|
| 1. DECEASED—NAME (First, Middle, Last) Louis Bridgeman | | | | 2. SEX Male | 3a. TIME OF DEATH 1:07 AM | 3b. DATE OF DEATH (Month, Day, Yr) December 7, 1991 | |
| 4. SOCIAL SECURITY NUMBER 406-09-3226 | | 5a. AGE—Last Birthday (Years) 73 | 5b. UNDER 1 YEAR Months: Days: Hours: Minutes: | 5c. UNDER 1 DAY Hours: Minutes: | 6. DATE OF BIRTH (Mo, Day, Yr) April 28, 1918 | 7. BIRTHPLACE (City and State or Foreign Country) Chattanooga, Tennessee | |
| 8a. WAS DECEDENT A U.S. VETERAN? Yes | 8b. YEAR LAST SERVED IN U.S. ARMED FORCES N/A | HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA | | OTHER: <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) Residence | | | |
| 9b. FACILITY NAME (If not institution, give street and number) 1545 Harrison Street | | | 9c. CITY, TOWN, OR LOCATION OF DEATH Gary | | 9d. COUNTY OF DEATH Lake | | |
| 10. MARITAL STATUS (Specify) Married | 11. SURVIVING SPOUSE (If wife, give maiden name) Lula J. Hall | 12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Steelworker | | | 12b. KIND OF BUSINESS/INDUSTRY USX Steel Corp. | | |
| 13a. RESIDENCE—STATE Indiana | 13b. COUNTY Lake | 13c. CITY, TOWN, OR LOCATION Gary | | 13d. STREET AND NUMBER 1545 Harrison Street | | | |
| 13e. ZIP CODE 46404 | 13f. INSIDE CITY LIMITED? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | 14. CITIZEN OF WHAT COUNTRY? U.S.A. | 15. WAS DECEDENT OF HISPANIC ORIGIN? <input type="checkbox"/> No <input type="checkbox"/> Yes (If yes specify Cuban, Mexican, Puerto Rican, etc.) | 16. RACE—American Indian or Alaska Native, Black, White, etc. (Specify) Black | 17. DEGREE OF EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) <input type="checkbox"/> College (1-4 or 5+) <input type="checkbox"/> | | |
| 18. FATHER'S NAME (First, Middle, Last) John Bridgeman | | | 19. MOTHER'S NAME (First, Middle, Maiden Surname) Dora Billingsley | | | | |
| 20a. INFORMANT'S NAME (Type/Print) Lula J. Bridgeman | | | 20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 1545 Harrison Street, Gary, Indiana 46404 | | | 20c. Relationship Wife | |
| 21a. METHOD OF DISPOSITION <input type="checkbox"/> Entombment <input 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) December 13, 1991 Oak Hill Cemetery | | | 21c. LOCATION—City or Town, State Gary, Indiana | | |
| 22a. EMBALMER'S NAME Roosevelt Allen Jr. | | 22b. EMBALMER'S LICENSE NO. #01051701 | | 23. WAS DEATH REPORTED TO CORONER? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | | | |
| 24a. SIGNATURE OF FUNERAL DIRECTOR <i>[Signature]</i> | | 24b. LICENSE NUMBER (of Licensee) 08700298 | | 24c. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Guy & Allen Funeral Directors, Inc. 2959 W. 11th Avenue, Gary, Indiana 46404 License # 33007704 | | | |
| 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. Blunt force trauma to head, neck and chest with fracture of the skull | | | | Approximate Interval Between Onset and Death 8 51 AM '92 | | | |
| IMMEDIATE CAUSE (Final disease or condition resulting in death) Blunt force trauma to head, neck and chest with fracture of the skull | | | | Approximate Interval Between Onset and Death Unknown | | | |
| Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last FILED FEB 25 1992 | | | | | | | |
| PART II: Other significant conditions contributing to the death but not previously stated in Part I <i>[Signature]</i> | | | | 27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) No | | 28a. WAS AN AUTOPSY PERFORMED? (Yes or no) Yes | |
| | | | | 28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) Yes | | | |
| 29a. CERTIFIER (Check only one): <input 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 checked="" 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. 16120 | | 29d. DATE SIGNED (Month, Day, Year) December 16, 1991 | |
| 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Daniel D. Thomas, M.D., Coroner, 2293 North Main Street, Crown Point, Indiana 46307 | | | | | | | |
| 31. HEALTH OFFICER'S SIGNATURE <i>[Signature]</i> | | | | | 32. DATE FILED (Month, Day, Year) DEC 18 1991 | | |
| 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 checked="" type="checkbox"/> Homicide | | 34a. DATE OF INJURY (Month, Day, Year) Dec 7, 1991 | 34b. TIME OF INJURY Unknown | 34c. INJURY AT WORK? (Yes or no) No | 34d. DESCRIBE HOW INJURY OCCURRED Blunt force injury | | |
| 34e. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) Home | | | | 34f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 1545 Harrison Street, Gary, Indiana | | | |
| 34g. DATE PRONOUNCED DEAD (Month, Day, Year) DECEMBER 7, 1991 | | 34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc. 1087 600 | | | | | |

DECEDENT-

PARENTS:

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

CORONER USE ONLY

42-105-26 C.T.L. & I Co's 5th Add. 437 BL-6

