3CC 92041337

GATES, HARVEY JR
S 1Y M 10/10/88 ADM
1139800 1000526638
1039 MATHEWS
GARY

# INDIANA STATE BOARD OF HEALTH
## CERTIFICATE OF DEATH

Local No. 2192-88 State No. IN 48406

TYPE/PRINT IN PERMANENT BLACK INK

**DECEDENT**

1. DECEASED—NAME: First HARVEY Middle JR Last GATES. KHEIRBEK KHEIRBEK
2. SEX: M
3. DATE OF DEATH: 10-14-88
4. SOCIAL SECURITY NUMBER: 428-68-0715
5. AGE—Last Birthday (Years): 51
6a. UNDER 1 YEAR: Months Days
6b. UNDER 1 DAY: Hours Minutes
6. DATE OF BIRTH: 3-3-37
7. BIRTHPLACE (City and State or Foreign Country): Madison Co Miss.
8. YEAR LAST SERVED IN U.S. ARMED FORCES: N/A
9. PLACE OF DEATH: HOSPITAL: Inpatient ☐ ER/Outpatient ☐ DOA OTHER: ☐ Nursing Home ☐ Residence ☐ Other (Specify)
9a. FACILITY NAME: St Anthony Medical Center
9b. CITY, TOWN, OR LOCATION OF DEATH: Crown Point
9c. COUNTY OF DEATH: LAKE
10. MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify): M
11. SURVIVING SPOUSE: Eunice
12a. DECEDENT'S USUAL OCCUPATION: Auto Repairman
12b. KIND OF BUSINESS/INDUSTRY:
13a. RESIDENCE—STATE: Indiana
13b. COUNTY: Lake
13c. CITY, TOWN, OR LOCATION: Gary
13d. STREET AND NUMBER: 1039 Mathews Street
13e. INSIDE CITY LIMITS? (Yes or no): Yes
13f. FARM: No
13g. ZIP CODE: 46404
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.): ☐ No ☐ Yes
15. RACE—American Indian, Black, White, etc. (Specify): Black
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 08 College (1-4 or 5+): 20

**PARENTS**

17. FATHER'S NAME (First, Middle, Last): Harvey Gates SR
18. MOTHER'S NAME (First, Middle, Maiden Surname): Willie ELLA

**INFORMANT**

19a. INFORMANT'S NAME (Type/Print): Eunice V. Bates
19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 1039 Mathews Street Gary, IN
19c. RELATIONSHIP: Wife

**DISPOSITION**

20a. METHOD OF DISPOSITION: ☐ Burial ☐ Cremation ☐ Donation ☐ Other (Specify)
20b. PLACE AND DATE OF DISPOSITION (Name of cemetery, crematory, or other place): Oak Hill Cemetery
20c. LOCATION—City or Town, State: Gary, Indiana

**PRONOUNCING PHYSICIAN ONLY**

21a. SIGNATURE OF FUNERAL DIRECTOR: Patsie
21b. LICENSE NUMBER (of Licensee): 18700298
22. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME: Guy & Allen Funeral Directors, I 2959 W. 11th Ave Gary, IN#3007704

Complete items 23a-c only when certifying physician is not available at time of death to certify cause of death

23a. To the best of my knowledge, death occurred at the time, date, and place stated. Signature and Title: [illegible] MD
23b. LICENSE NUMBER: IN 30268
23c. DATE SIGNED: 10/14/88

ITEMS 24-30 MUST BE COMPLETED BY PERSON WHO PRONOUNCES DEATH

24. TIME OF DEATH: 9:40
25. DATE PRONOUNCED DEAD: 10/14/88
26. WAS CASE REFERRED TO MEDICAL EXAMINER/CORONER? NO
27. TIME AND CERTIFICATE OF LAKE COUNTY

**CAUSE OF DEATH**

PART I. Enter the disease, injury, or complication that caused the death. Do not enter the mode of dying, such as cardiac arrest, shock, or heart failure. List only one cause on each line.

SEE INSTRUCTIONS

Approximate Interval Between Onset and Death

a. IMMEDIATE CAUSE (Final disease or condition resulting in death): Cardiac Arrest — DUE TO (OR AS A CONSEQUENCE OF)
b. Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST: Cardiac Arrhythmias — DUE TO (OR AS A CONSEQUENCE OF)
c. Hypertensive Cardiovascular disease — DUE TO (OR AS A CONSEQUENCE OF)
d. End Stage Renal disease

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

28. AUTOPSY PERFORMED? (Yes or no): No
29. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no):

**CERTIFIER**

28a. CERTIFIER (Check only one)

☐ CERTIFYING PHYSICIAN (Physician certifying cause of death when another physician has pronounced death and completed item 23) To the best of my knowledge, death occurred due to the cause(s) and manner as stated.

☐ PRONOUNCING AND CERTIFYING PHYSICIAN (Physician both pronouncing death and certifying cause of death) To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated. JUN 26 1992

☐ MEDICAL EXAMINER ☐ CORONER ☐ 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) and manner as stated. Bernard R. Acton

28b. SIGNATURE AND TITLE OF CERTIFIER: Bernard R. Acton AUDITOR
28c. LICENSE NUMBER: 01030716
28d. DATE SIGNED (Month, Day, Year): 10/18/88

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH ITEM 27) (Type/Print):

**HEALTH OFFICER**

31. HEALTH OFFICER'S SIGNATURE: Carl S. Johnson MD
32. DATE FILED (Month, Day, Year): October 25, 1988

**CORONER OR MEDICAL EXAMINER USE ONLY**

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):

SBH08-004 State Form 10110 (R/10-87) DEATH A/PD 1

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