7CC 93013832 INDIANA STATE BOARD OF HEALTH

Local No. 88-0884

CERTIFICATE OF DEATH

State No. ....

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

1. DECEASED—NAME FIRST: ROOSEVELT MIDDLE: LAST: CARNEYGEE
2. SEX: MALE
3. DATE OF DEATH (Mo. Day Yr.): DEC 23, 1988
4. SOCIAL SECURITY NUMBER: 304-34-4593
5a. AGE—Last Birthday (Years): 57
5b. UNDER 1 YEAR Months Days
5c. UNDER 1 DAY Hours Minutes
6. DATE OF BIRTH (Month Day Year): Feb 1, 1931
7. BIRTHPLACE (City and State or Foreign Country): Clweveland, Miss
8. YEAR LAST SERVED IN US ARMED FORCES? No
9a. PLACE OF DEATH (Check only one. See instructions): HOSPITAL ☐ Inpatient ☐ ER/Outpatient ☐ DOA; OTHER ☐ Nursing Home XXX Residence ☐ Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): 3430 W. 22nd Ave
9c. CITY, TOWN OR LOCATION OF DEATH: Gary
9d. COUNTY OF DEATH: Lake
10. MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify): Married
11. SURVIVING SPOUSE (If wife, give maiden name): Reatha Sanders
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Truck Driver
12b. KIND OF BUSINESS/INDUSTRY: USX
13a. RESIDENCE—STATE: Indiana
13b. COUNTY: Lake
13c. CITY, TOWN OR LOCATION: Gary
13d. STREET AND NUMBER: 3430 W. 22nd Ave
13e. INSIDE CITY LIMITS? (Yes or no): Yes
13f. FARM: No
13g. ZIP CODE: 46402
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) ☑ No ☐ Yes Specify
15. RACE—American Indian, Black, White, etc. (Specify): Black
16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12): 12 College (1-4 or 5+)

PARENTS

17. FATHER'S NAME (First, Middle, Last): Ike Carneygee
18. MOTHER'S NAME (First, Middle, Maiden Surname): Ida Mae Lewis Carneygee

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Reatha Carneygee
19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 3430 W. 22nd Av Gary, Indiana
19c. Relationship: Wife

DISPOSITION

20a. METHOD OF DISPOSITION: ☑ Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)
20b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Dec 29, 1988 Oak Hill
20c. LOCATION—City or Town, State: Gary, Indiana
21a. SIGNATURE OF FUNERAL DIRECTOR: Paul Anthony Robinson
21b. LICENSE NUMBER (of Licensee): 1017284
22. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME: ENNOLS & ROBINSON MEM. CHPL 1900 W. 15th Ave Gary, IN 3002495

PRONOUNCING PHYSICIAN ONLY

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
23b. LICENSE NUMBER
23c. DATE SIGNED (Month, Day, Year)

ITEMS 24-26 MUST BE COMPLETED BY PERSON WHO PRONOUNCES DEATH

24. TIME OF DEATH: 7:30 P M
25. DATE PRONOUNCED DEAD (Month, Day, Year)
26. WAS CASE REFERRED TO MEDICAL EXAMINER/CORONER? (Yes or no): No

CAUSE OF DEATH (SEE INSTRUCTIONS)

27. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, 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. Alzheimer's Disease c Pneumonia
DUE TO (OR AS A CONSEQUENCE OF):
b.
DUE TO (OR AS A CONSEQUENCE OF):
c.
DUE TO (OR AS A CONSEQUENCE OF):
d.

Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST

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

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

CERTIFIER

29a. 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
☐ 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

29b. SIGNATURE AND TITLE OF CERTIFIER: Robert J Wolf MD
29c. LICENSE NUMBER: 01022391
29d. DATE SIGNED (Month, Day, Year): 12/29/88
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type/Print): 8585 Broadway Merriville, Indiana Robert J. Wolf M.D.

HEALTH OFFICER

31. HEALTH OFFICER'S SIGNATURE: [illegible signature]
32. DATE FILED (Month, Day, Year): 1-3-89

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: 01188
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)

→ NORWEST Financial 1155 E. Ridge Rd Griffith 46319

Margin (handwritten): Kent 47-335-18 Woe Thiess Add. L. 21+L22 BLK

STATE OF INDIANA ... FILED FOR RECORD ... 93 ... 13 ... ; RECORDER

FILED FEB 26 1993

Auditor N. Anton, AUDITOR LAKE COUNTY

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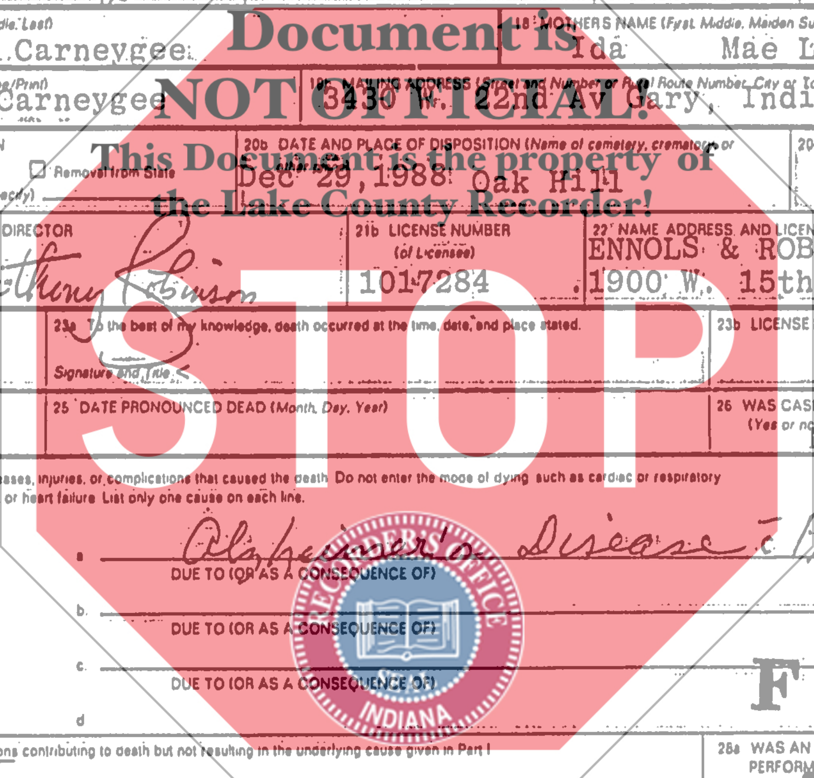

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