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INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

THIS CERTIFIES THE FOLLOWING IS A TRUE AND COMPLETE COPY OF DEATH ON FILE WITH THE HAMMOND HEALTH DEPARTMENT. Date Issued: Oct 22, 1993 Hammond Health Commissioner

Local No. 877

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-19-3

TYPE/PRINT IN PERMANENT BLACK INK

1 DECEASED-NAME (First Middle Last) Deurell Cousins Male 30 TIME OF DEATH 6:08 P 30 DATE OF DEATH (Month Day Year) October 20, 1993

DECEASED

4 SOCIAL SECURITY NUMBER 425-34-2116 5a AGE-Last Birthday (Years) 70 6b UNDER 1 YEAR Months Days 6c UNDER 1 DAY Hours Mins 7 DATE OF BIRTH (Mo Day Yr) Jan 24, 1923 71 BIRTHPLACE (City and State or Foreign Country) Woodland, Mississippi

PARENTS

8a WAS DECEASED A US VETERAN? No 8b YEAR LAST SERVED IN US ARMED FORCES? 8c HOSPITAL Inpatient 8d OTHER Nursing Home Other (Specify) 9a FACILITY NAME (If not institution, give street and number) St. Margaret Hospital 9b CITY, TOWN OR LOCATION OF DEATH Hammond 9c COUNTY OF DEATH Lake

INFORMANT

10 MARITAL STATUS Married 11 SURVIVING SPOUSE (If wife, give maiden name) Lottie Taylor 12a DECEASED'S OCCUPATION (Give kind of work done during period of last working Mo Do not use retired) Expediter (Retired) 12b KIND OF BUSINESS/INDUSTRY L.T.V. Steel Co.

DISPOSITION

13a RESIDENCE-STATE Indiana 13b COUNTY Lake 13c CITY, TOWN OR LOCATION Hammond 13d STREET AND NUMBER 6023 Columbia Avenue 13e ZIP CODE 46320 14 CITIZEN OF WHAT COUNTRY U.S.A. 15 WAS DECEASED OF HISPANIC ORIGIN? No 16 RACE-American Indian, Black, White etc Black 17 DECEASED'S EDUCATION (Specify only highest grade completed) 9th Grade

CAUSE OF DEATH

18 FATHER'S NAME (First Middle Last) Willie Lee Cousins 19 MOTHER'S NAME (First Middle Maiden Surname) Paula Wormack 20a INFORMANT'S NAME (Type/Print) Lottie Cousins 20b MAILING ADDRESS (Street, P.O. Box, or Rural Route Number, City or Town, State, Zip Code) 6023 Columbia Ave, Hammond, Indiana 20c Relationship Wife 21a METHOD OF DISPOSITION Burial 21b DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) October 21, 1993 Elmwood Cemetery 21c LOCATION-City or Town, State Hammond, Indiana 22a EMBALMER'S NAME John V. Hoyer 22b EMBALMER'S LICENSE NO. FD086004401 23 WAS DEATH REPORTED TO CORONER? No 24a SIGNATURE OF FUNERAL DIRECTOR [Signature] 24b LICENSE NUMBER (of License) FD0104101 25 NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Hinton-Williams-Funeral Home FH830015 4859 Alexander Ave, East Chicago, In.

CERTIFIER

26 PART I Enter the disease, injuries or complications that caused the death. Do not enter nonspecific terms such as cardiac or respiratory arrest, shock, or heart failure. Enter only one cause on each line. IMMEDIATE CAUSE (Final, disease or condition resulting in death) Compulsive disorder, anxiety disorder, due to or as a consequence of? Atherosclerosis, chronic disease, due to or as a consequence of? Renal failure, due to or as a consequence of? chronic obstructive pulmonary disease. PART II Other significant conditions - Conditions contributing to death but not previously stated in Part I. Cerebrovascular accident (old) with other H.U. E. E. E. E. E.

HEALTH OFFICER

27 WAS DECEASED PRESENT, 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 29a CERTIFIER (Check only one) CERTIFYING PHYSICIAN 29b SIGNATURE AND TITLE OF CERTIFIER [Signature] 29c MEDICAL LICENSE NO 4036951 29d DATE SIGNED (Month Day Year) October 21, 1993 30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 26) (Type/Print) Dr. T. Vokes, 7905 Calumet Ave, Munster, Indiana 46321 31 HEALTH OFFICER'S SIGNATURE [Signature] 32 DATE FILED (Month Day Year) October 20, 1993

#34-285-45

33 MANNER OF DEATH: Natural, Accident, Suicide, Homicide, Pending Investigation, Could not be Determined 34a DATE OF INJURY 34b TIME OF INJURY 34c INJURY AT WORK? (Yes or no) 34d DESCRIBE HOW INJURY OCCURRED 34e PLACE OF INJURY 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. 1954