94024773

Doris Sims

# INDIANA STATE DEPARTMENT OF HEALTH

Local No. 055-94 — **CERTIFICATE OF DEATH** — State No. .....

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

TYPE/PRINT IN PERMANENT BLACK INK

**DECEDENT**

| 1 DECEASED—NAME (First Middle Last) | | | 2 SEX | 3a TIME OF DEATH | 3b DATE OF DEATH (Month Day Yr) |
|---|---|---|---|---|---|
| JAMES | E. | SIMS | MALE | 3:40P. M | MARCH 6, 1994 |

| 4 SOCIAL SECURITY NUMBER | 5a AGE—Last Birthday (Years) | 5b UNDER 1 YEAR Months | Days | 5c UNDER 1 DAY Hours | Minutes | 6 DATE OF BIRTH (Mo Day Yr) | 7 BIRTHPLACE (City and State or Foreign Country) |
|---|---|---|---|---|---|---|---|
| 420-20-9131 | 68 | | | | | FEB. 23, 1926 | Chicago, Illinois |

| 8a WAS DECEDENT A U.S. VETERAN? | 8b YEAR LAST SERVED IN U.S. ARMED FORCES? | 9a PLACE OF DEATH (Check only one See instructions) |
|---|---|---|
| Yes U.S. Navy | WWII | HOSPITAL ☒ Inpatient ☐ ER/Outpatient ☐ DOA — OTHER ☐ Nursing Home ☐ Other (Specify) ☐ Residence |

| 9b FACILITY NAME (If not institution give street and number) | 9c CITY TOWN OR LOCATION OF DEATH | 9d COUNTY OF DEATH |
|---|---|---|
| THE COMMUNITY HOSPITAL | MUNSTER | LAKE |

| 10 MARITAL STATUS (Specify) | 11 SURVIVING SPOUSE (If wife, give maiden name) | 12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life Do not use retired) | 12b KIND OF BUSINESS/INDUSTRY |
|---|---|---|---|
| Married | Doris M. Marty | Foreman | Ford Motor & Assembly |

| 13a RESIDENCE—STATE | 13b COUNTY | 13c CITY TOWN OR LOCATION | 13d STREET AND NUMBER |
|---|---|---|---|
| Indiana | Lake | Dyer | 8961 State Line Road |

| 13e ZIP CODE | 13f INSIDE CITY LIMITS | 13g ON A FARM? | 14 CITIZEN OF WHAT COUNTRY? | 15 WAS DECEDENT OF HISPANIC ORIGIN? | 16 RACE—American Indian Black White etc (Specify) | 17 DECEDENT'S EDUCATION (Specify only highest grade completed) | |
|---|---|---|---|---|---|---|---|
| | | | | | | Elementary/Secondary (0-12) | College (1-4 or 5 +) |
| 46311 | ☐ No ☐ Yes | ☒ No ☐ Yes | U.S.A. | ☒ No ☐ Yes (If yes, specify Cuban Mexican Puerto Rican etc) | White | 12 | 1 |

**PARENTS**

| 18 FATHER'S NAME (First Middle Last) | 19 MOTHER'S NAME (First Middle Maiden Surname) |
|---|---|
| Hoyt Sims | Nola Henshaw |

**INFORMANT**

| 20a INFORMANT'S NAME (Type/Print) | 20b MAILING ADDRESS (Street and Number or Rural Route Number City or Town State Zip Code) | 20c Relationship |
|---|---|---|
| Mrs. Doris M. Sims | 8961 State Line Rd Dyer, IN 46311 | Wife |

**DISPOSITION**

| 21a METHOD OF DISPOSITION | 21b DATE AND PLACE OF DISPOSITION (Name of cemetery crematory or other place) | 21c LOCATION—City or Town State |
|---|---|---|
| ☒ Burial ☐ Cremation ☐ Entombment ☐ Removal from State ☐ Donation ☐ Other (Specify) | March 9, 1994 Chapel Lawn Memorial Gardens | Schererville, Indiana |

| 22a EMBALMER'S NAME | 22b EMBALMER'S LICENSE NO | 23 WAS DEATH REPORTED TO CORONER? |
|---|---|---|
| David McCoy | FD08700581 | ☐ |

| 24a SIGNATURE OF FUNERAL DIRECTOR | 24b LICENSE NUMBER (of Licensee) | 25 NAME ADDRESS AND LICENSE NUMBER OF FUNERAL HOME |
|---|---|---|
| [signature] | FD01013507 | Booker Funeral Home, Inc. FH8300280 7042 Kennedy Avenue Hammond, IN 463 |

**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

| | | Approximate Interval Between Onset and Death |
|---|---|---|
| IMMEDIATE CAUSE (Final disease or condition resulting in death) | a. Respiratory failure Anna N. Antos | 10 days |
| | DUE TO (OR AS A CONSEQUENCE OF) b. aspiration pneumonia | 10 days |
| Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last | DUE TO (OR AS A CONSEQUENCE OF) c. Chronic obstructive pulmonary disease 30 yrs | |
| | DUE TO (OR AS A CONSEQUENCE OF) d. Carcinoma of esophagus | 10 mos |

PART II Other significant conditions - Conditions contributing to death but not producing the above cause (a) Part I)

Emphysema, malnutrition, dehydration, metastases, hypercalcemia

| 27 WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) | 28a WAS AN AUTOPSY PERFORMED? (Yes or 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

| 29b SIGNATURE AND TITLE OF CERTIFIER | 29c MEDICAL LICENSE NO | 29d DATE SIGNED (Month Day Year) |
|---|---|---|
| Virgil E. Angel M.D. | 18298 | MARCH 7, 1994 |

30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH ITEM 26) (Type/Print)

DR. VIRGIL ANGEL, M. D. 2933 JEWETT AVENUE HIGHLAND, INDIANA 46322

**HEALTH OFFICER**

| 31 HEALTH OFFICER'S SIGNATURE | 32 DATE FILED (Month Day Year) |
|---|---|
| Alexander D. Williams M.D. | March 8 1994 |

**CORONER USE ONLY**

| 33 MANNER OF DEATH | 34a DATE OF INJURY (Month Day Year) | 34b TIME OF INJURY | 34c INJURY AT WORK? (Yes or no) | 34d DESCRIBE HOW INJURY OCCURRED |
|---|---|---|---|---|
| ☐ Natural ☐ Pending Investigation ☐ Accident ☐ Suicide ☐ Could not be Determined ☐ Homicide | | | | |

| 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 |
|---|---|
| | |

90657

SDH06-004 State Form 10110 (R3 / 3-92) DEATHCER PD