ATTENTION ESTATE: Disclosure of the SS# we need to pursue our responsibilities voluntary and there will be no penalty for refusal.

94024774

ODELL BATTLE
7

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

Local No. 94-0215

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): Silver Battle Jr

2 SEX: Male

3a TIME OF DEATH: 1:15 P M

3b DATE OF DEATH (Month Day Yr): March 23, 1994

4 SOCIAL SECURITY NUMBER: 419-36-1875

5a AGE—Last Birthday (Years): 63

5b UNDER 1 YEAR: Months / Days

5c UNDER 1 DAY: Hours / Minutes

6 DATE OF BIRTH (Mo Day Yr): Feb. 22, 1931

7 BIRTHPLACE (City and State or Foreign Country): Pittsview, Alabama

8a WAS DECEDENT A US VETERAN? No

8b YEAR LAST SERVED IN US ARMED FORCES? None

9a PLACE OF DEATH (Check only one. See instructions): HOSPITAL ☐ Inpatient ☐ ER/Outpatient ☐ DOA; OTHER ☐ Nursing Home ☒ Other (Specify) Street ☐ Residence

9b FACILITY NAME (If not institution, give street and number): U.S. #12 and Chicago Avenue

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): Odell Hunter

12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Hooker (Retired)

12b KIND OF BUSINESS/INDUSTRY: Inland Steel Co.

13a RESIDENCE—STATE: Indiana

13b COUNTY: Lake

13c CITY TOWN OR LOCATION: Gary

13d STREET AND NUMBER: 448 Monroe Street

13e ZIP CODE: 46402

13f INSIDE CITY LIMITS: ☐ No ☒ Yes

13g ON A FARM? ☒ No ☐ Yes

14 CITIZEN OF WHAT COUNTRY? U.S.A.

15 WAS DECEDENT OF HISPANIC ORIGIN? ☒ No ☐ Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc.)

16 RACE—American Indian, Black, White, etc. (Specify): Black

17 DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 6th Grade; College (1-4 or 5+):

PARENTS

18 FATHER'S NAME (First Middle Last): Silver Battle Sr.

19 MOTHER'S NAME (First Middle Maiden Surname): Louizer Goode

INFORMANT

20a INFORMANT'S NAME (Type/Print): Odell Battle

20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 448 Monroe St., Gary, Indiana 46402

20c Relationship: Wife

DISPOSITION

21a METHOD OF DISPOSITION: ☒ Burial ☐ Cremation ☐ Entombment ☐ Removal from State ☐ Donation ☐ Other (Specify)

21b DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory or other place): March 29, 1994 Fern Oaks Cemetery

21c LOCATION—City or Town, State: Griffith, Indiana

22a EMBALMER'S NAME: Tracy Cheri Williams

22b EMBALMER'S LICENSE NO: FD08600238

23 WAS DEATH REPORTED TO CORONER? ☐ No ☒ Yes

24a SIGNATURE OF FUNERAL DIRECTOR: Tracy Cheri Williams

24b LICENSE NUMBER (of Licensee): FD08600238

25 NAME, ADDRESS AND LICENSE NUMBER OF FUNERAL HOME: Hinton & Williams Funeral Home 83001520
4859 Alexander Ave East Chicago, IN 46312

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

IMMEDIATE CAUSE (Final disease or condition resulting in death)
a Massive blunt force injuries — Approximate Interval Between Onset and Death: Unknown

Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last
b DUE TO (OR AS A CONSEQUENCE OF)
c DUE TO (OR AS A CONSEQUENCE OF)
d DUE TO (OR AS A CONSEQUENCE OF)

PART II Other significant conditions - Conditions contributing to death but not previously stated in Part 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

FILED
APR 4 1994
Anna M. Anton
AUDITOR LAKE COUNTY

RECORDER
APR 4 10 55 AM '94

STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

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: Dr. Thomas R Philpot

29c MEDICAL LICENSE NO: 538 B

29d DATE SIGNED (Month Day Year): March 25, 1994

30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print): Dr. Thomas R. Philpot, D.P.M., Coroner, 2293 North Main St., Crown Point, Indiana 46307

HEALTH OFFICER

31 HEALTH OFFICER'S SIGNATURE:

32 DATE FILED (Month Day Year): MAR 28 1994

33 MANNER OF DEATH: ☐ Natural ☒ Accident ☐ Suicide ☐ Homicide ☐ Pending Investigation ☐ Could not be Determined

34a DATE OF INJURY (Month Day Year): Mar 23,1994

34b TIME OF INJURY: Unknown

34c INJURY AT WORK? (Yes or no): No

34d DESCRIBE HOW INJURY OCCURRED: Automobile Accident

34e PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify): Highway

34f LOCATION (Street and Number or Rural Route Number, City or Town, State): U.S. 12 and Chicago Avenue
Gary, Indiana

34g DATE PRONOUNCED DEAD (Month Day Year): March 23, 1994

34h MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc: Yes Driver

90055

SDH06-004 State Form 10110 (R4/3-93) Deathcer/PD 1

#44-100-14

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