

94-0045

INDIANA STATE DEPARTMENT OF HEALTH

Local No. 94026114

CERTIFICATE OF DEATH

State No.

Mrs 220 Vermont St Gary, Ind. 46407

TYPE/PRINT
PERMANENT
BLACK INK

DECEASED NAME: **Timmie Beatrice Jones** Female 2:00A Jan. 18, 1994

SOCIAL SECURITY NUMBER: **346-20-5057** 179 DATE OF BIRTH: **7-22-1914** BIRTHPLACE: **Tylertown, Miss.**

WAS DECEDENT A US VETERAN: **No** FACILITY NAME: **North West Family Hospital** CITY/TOWN: **Gary** COUNTY: **Lake**

MARITAL STATUS: **Widow** SURVIVING SPOUSE: **None** OCCUPATION: **Clerk** BUSINESS/INDUSTRY: **Gary Cards & Camera**

RESIDENCE - STATE: **Indiana** COUNTY: **Lake** CITY/TOWN: **Gary** STREET AND NUMBER: **353 Tyler St.**

ZIP CODE: **46402** INSIDE CITY LIMITS: YES NO CITIZEN OF WHAT COUNTRY: **USA**

DECEDENT'S USUAL OCCUPATION: **Clerk** RACE: **Black** EDUCATION: **8th**

FATHER'S NAME: **Jack Bridges** MOTHER'S NAME: **Sarah Lenoir**

INFORMANT'S NAME: **Thelma Lee Pittman** MAILING ADDRESS: **2220 Vermont St., Gary, In. 46407** RELATIONSHIP: **Niece**

METHOD OF DISPOSITION: Burial DATE AND PLACE OF DISPOSITION: **Jan. 22, 1994 Evergreen Memorial Park** LOCATION: **Hobart, Indiana**

EMBALMER'S NAME: **Rev. Diane E. Weems** LICENSE NO: **FDE 0-100-151-0** WAS DEATH REPORTED TO CORONER? No Yes

SIGNATURE OF FUNERAL DIRECTOR: *Rev. Diane E. Weems* LICENSE NUMBER: **0-100-151-0** NAME ADDRESS AND LICENSE NUMBER OF FUNERAL HOME: **Andrew Smith Funeral Home, Inc. 934 E. 21st. Ave. 83002550 Gary, Indiana**

PART I: Enter the diseases, injuries, or complications that caused the death. Do not enter nonspecific terms such as cardiac or respiratory arrest; stroke or heart failure. List only one cause on each line.

IMMEDIATE CAUSE (Final disease or condition resulting in death): **Ischemic HD**
DUE TO (OR AS A CONSEQUENCE OF): **Refractory CHF**
CONDITIONS if any which gave rise to the immediate cause showing the underlying cause last: **End Stage Renal Failure**
DUE TO (OR AS A CONSEQUENCE OF): **Coronary Artery Disease**

PART II: Other significant conditions - Conditions contributing to death but not previously stated in Part I: **Terminal Aspiration Pneumonia**

CERTIFIER: ATTENDING 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 CORONER

SIGNATURE AND TITLE OF CERTIFIER: *Paul G. Cho M.D.* MEDICAL LICENSE NO: **26003** DATE SIGNED: **1/25/94**

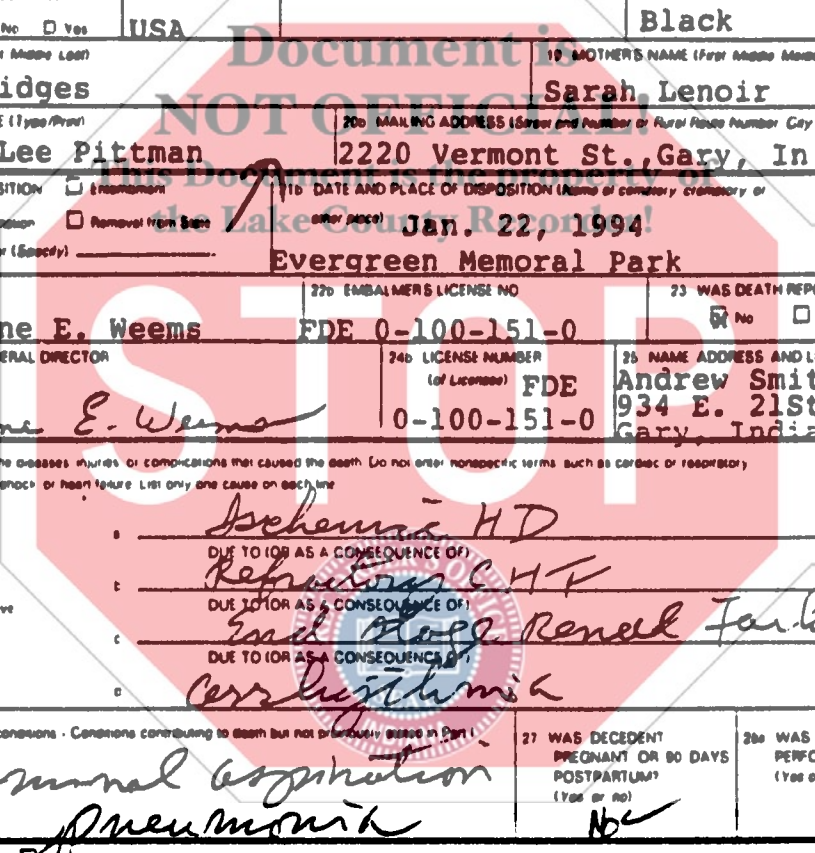
NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26): **RED S. CHO 929 Southwood Dr. Munster, IN 46321**

HEALTH OFFICER'S SIGNATURE: *[Signature]* DATE FILED: **JAN 25 1994**

MANNER OF DEATH: Natural Pending Investigator Accidents Suicide Could not be Determined Homicide
DATE OF INJURY: _____ TIME OF INJURY: _____ PLACE OF INJURY: _____ LOCATION: _____
FILED
APR 7 1994 **00399**

DATE PRONOUNCED DEAD: _____ MOTOR VEHICLE ACCIDENT? Yes No If yes specify driver, passenger, pedestrian etc. **Anna N. Antox**

Key 45-45-06
Inmate record A S6 1 25
all B6 B714 Ex S. 18 1 27 B714



STATE OF INDIANA
RECORDED
APR 7 10 11 AM '94