2vets

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

Beckman Terrace
Unit #2 Lot 18

INDIANA STATE DEPARTMENT OF HEALTH

Local No. 0892-94 94029687

CERTIFICATE OF DEATH

State No. Key #41-304-18
Unit #25

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): CLARENCE PEACHES
2 SEX: MALE
3a TIME OF DEATH: 10:30A
3b DATE OF DEATH (Month Day Yr): APRIL 9, 1994
4 SOCIAL SECURITY NUMBER: 428-40-2890
5a AGE—Last Birthday (Years): 70
5b UNDER 1 YEAR: Months / Days
5c UNDER 1 DAY: Hours / Minutes
6 DATE OF BIRTH (Mo Day Yr): Jan.4,1924
7 BIRTHPLACE (City and State or Foreign Country): Vicksburg,MS
8a WAS DECEDENT A U.S. VETERAN?: Yes
8b YEAR LAST SERVED IN US ARMED FORCES?: N/A
9a PLACE OF DEATH (Check only one. See instructions): HOSPITAL: XX Inpatient ☐ ER/Outpatient ☐ DOA; OTHER: ☐ Nursing Home ☐ Residence ☐ Other (Specify)
9b FACILITY NAME (If not institution, give street and number): THE COMMUNITY HOSPITAL
9c CITY, TOWN OR LOCATION OF DEATH: MUNSTER
9d COUNTY OF DEATH: LAKE
10 MARITAL STATUS (Specify): Married
11 SURVIVING SPOUSE (If wife, give maiden name): Willie B.Randall
12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Car Cleaner
12b KIND OF BUSINESS/INDUSTRY: Illinois Central Railroad
13a RESIDENCE—STATE: Indiana
13b COUNTY: Lake
13c CITY, TOWN OR LOCATION: Gary
13d STREET AND NUMBER: 4443 W.24th Pl.
13e ZIP CODE: 46404
13f INSIDE CITY LIMITS: ☐ No XX Yes
13g ON A FARM?: XX No ☐ Yes
14 CITIZEN OF WHAT COUNTRY?: USA
15 WAS DECEDENT OF HISPANIC ORIGIN?: XX 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): 7th; College (1-4 or 5+):

PARENTS

18 FATHER'S NAME (First Middle Last): Unknown
19 MOTHER'S NAME (First Middle Maiden Surname): Pinkie Gamble

INFORMANT

20a INFORMANT'S NAME (Type/Print): Willie B.Peaches
20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 4443 West 24th Place Gary,IN 46404
20c Relationship: Wife

DISPOSITION

21a METHOD OF DISPOSITION: ☐ Burial XX Cremation ☐ Donation ☐ Entombment ☐ Removal from State ☐ Other (Specify)
21b DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): April 16,1994 Oak Hill Cemetery
21c LOCATION—City or Town, State: Gary,Indiana
22a EMBALMER'S NAME: Roosevelt Allen Sr.
22b EMBALMER'S LICENSE NO: 01051696
23 WAS DEATH REPORTED TO CORONER?: XX No ☐ Yes
24a SIGNATURE OF FUNERAL DIRECTOR: [signature]
24b LICENSE NUMBER (of Licensee): 08700646
25 NAME, ADDRESS AND LICENSE NUMBER OF FUNERAL HOME: 83007704 Guy & Allen Funeral Directors,Inc. 2959 W.11th Ave.Gary,IN 46404

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. Pneumonia — Approximate Interval Between Onset and Death: 1wk

Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last:
b. DUE TO (OR AS A CONSEQUENCE OF): Squamous cell carcinoma of esophagus
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 resulting in the underlying cause given in Part I: Severe chronic obstructive pulmonary disease

27 WAS DECEDENT PREGNANT 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): — — — —

CERTIFIER

29a CERTIFIER (Check only one):
XX 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: [signature], M.D.
29c MEDICAL LICENSE NO: 30926
29d DATE SIGNED (Month Day Year): APRIL 10, 1994
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print): BENJAMIN SCHMID, MD 7905 CALUMET AVENUE, MUNSTER, IN 46321

HEALTH OFFICER

31 HEALTH OFFICER'S SIGNATURE: [signature] D. Williams M.D.
LAKE COUNTY HEALTH COMMISSIONER
32 DATE FILED (Month Day Year): April 13, 1994

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:
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.

FILED
APR 19 1994

[signature]
AUDITOR LAKE COUNTY

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

31187

Tolleston Club Property All Lot 17 Block 24 Key # 49-516-17 Unit #4

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STOP

THIS IS A TRUE AND CORRECT COPY OF THE CERTIFICATE ... RECORDER'S OFFICE SEAL INDIANA