

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

INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Key# 46-421-1,2,3,5,46
Ridgemoor Real Estate Co's
and Add: L1, L2, L3, L5, L6
BL 5
State No.....

Local No. 95-0078

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 18-1-10-3

TYPE/PRINT
IN
PERMANENT
BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF
DEATH

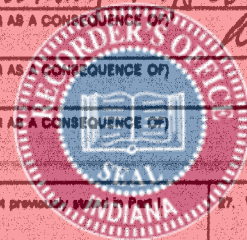
CERTIFIER

HEALTH
OFFICER

1 DECEASED-NAME (First Middle Last) Willie Lackey SR.		2 SEX Male		3a TIME OF DEATH 9:48AM		3b DATE OF DEATH (Month Day Year) January 2, 1995									
4 SOCIAL SECURITY NUMBER 260-38-3408		5a AGE - Last Birthday (Years) 65		5b UNDER 1 YEAR Months Days		5c UNDER 1 DAY Hours Minutes		6 DATE OF BIRTH (Mo Day Yr) Sep 3, 1929		7 BIRTHPLACE (City and State or Foreign Country) Atlanta, GA 30337					
8a WAS DECEDENT A U.S. VETERAN? No		8b YEAR LAST SERVED IN U.S. ARMED FORCES N/A		9a HOSPITAL <input type="checkbox"/> Inpatient <input checked="" type="checkbox"/> ER/Outpatient <input type="checkbox"/> DCA		9b OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence		9c PLACE OF DEATH (Check only one See instructions)							
9d FACILITY NAME (If not institution, give street and number) Methodist Northlake				9e CITY/TOWN OR LOCATION OF DEATH Gary				9f COUNTY OF DEATH Lake							
10 MARITAL STATUS (Specify) Married		11 SURVIVING SPOUSE (If wife, give maiden name) Nancy Noel		12a DECEASED'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Laborer				12b KIND OF BUSINESS INDUSTRY Construction							
13a RESIDENCE - STATE IN		13b COUNTY Lake		13c CITY/TOWN OR LOCATION Gary				13d STREET AND NUMBER 2408 Marshall street							
13e ZIP CODE 46404		13f INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		14 CITIZEN OF WHAT COUNTRY? USA		15 WAS DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If yes specify Cuban, Mexican, Puerto Rican, etc.)		16 RACE - American Indian, Black, White, etc. (Specify) Afro Amer		17 DECEASED'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (12) 08					
18 FATHER'S NAME (First Middle Last) Claude Lackey				19 MOTHER'S NAME (First Middle Maiden Surname) Mattie											
20a INFORMANT'S NAME (Type/Print) Nancy Lackey				20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2408 Marshall Street, Gary, IN 46404				20c Relationship to Decedent Wife							
21a METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Donation <input type="checkbox"/> Cremation <input type="checkbox"/> Other (Specify)		21b TIME AND PLACE OF DISPOSITION (Name of cemetery, funeral home, or other place) January 9, 1995 Oak Hill Memorial Park		21c DATE AND PLACE OF DEATH (City or Town, State) January 9, 1995 Gary, Indiana				21d LOCATION - City or Town State Gary, Indiana							
22a EMBALMER'S NAME Sherman G. Banks				22b EMBALMER'S LICENSE NO. FDE1016254		23 WAS DEATH REPORTED TO CORONER? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes									
24a SIGNATURE OF FUNERAL DIRECTOR <i>Ed W</i>				24b LICENSE NUMBER (of Licensee) FDO1042607		25 NAME ADDRESS AND LICENSE NUMBER OF FUNERAL HOME Smith Bizzell & Warner 4209 Grant Street, Gary, IN 46408									
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. FILED pulmonary hypertension with Respiratory arrest DUE TO (OR AS A CONSEQUENCE OF) DUE TO (OR AS A CONSEQUENCE OF) DUE TO (OR AS A CONSEQUENCE OF) JAN 18 1995															
PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I. SAM ORLICH AUDITOR LAKE COUNTY						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) No					
29a CERTIFIER (Check only one) <input checked="" type="checkbox"/> CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place and due to the cause(s) as stated. <input type="checkbox"/> 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. <input type="checkbox"/> 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 <i>Nazzal Obaid M.D.</i>										29c MEDICAL LICENSE NO. 01028410		29d DATE SIGNED (Month Day Year) 1/7/95	
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Dr. Nazzal Obaid, 8895 Broadway, Merrillville, IN 46440															
31 HEALTH OFFICER'S SIGNATURE <i>[Signature]</i>										32 DATE FILED (Month Day Year) JAN 10 1995					
33 MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be Determined		34a DATE OF INJURY (Month Day Year)		34b TIME OF INJURY		34c INJURY AT WORK? (Yes or no) 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) <i>600</i>									
35g DATE PRONOUNCED DEAD (Month, Day, Year)				35h MOTOR VEHICLE ACCIDENT? (Yes or no) If yes specify driver, passenger, pedestrian, etc. No											

AMASA G. COLBY
CHIEF DEPT. RECORDER

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
JAN 18 AM 9:10



000751



CITY OF GARY, INDIANA
CERTIFIED BY
[Signature]
HEALTH COMMISSIONER
CITY OF GARY, IND.
DATE: JAN 10 1995