

93-0584

INDIANA STATE DEPARTMENT OF HEALTH

Local No.

CERTIFICATE OF DEATH

State No.

TYPE/PRINT IN PERMANENT BLACK INK

1 DECEASED—NAME (First Middle Last): Elizabeth Jessie Hardy
 2 SEX: female
 3a TIME OF DEATH: 3:33 P.
 3b DATE OF DEATH (Month Day Year): August 2, 1993
 4 SOCIAL SECURITY NUMBER: 271-26-7306
 5a AGE—Last Birthday (Years): 74
 5b UNDER 1 YEAR: Months Days
 5c UNDER 1 DAY: Hours Minutes
 6 DATE OF BIRTH (Mo Day Yr): April 8, 1919
 7 BIRTHPLACE (City and State or Foreign Country): Webster Co Miss.

DECEDENT

8a WAS DECEDENT A US VETERAN? No
 8b YEAR LAST SERVED IN US ARMED FORCES? none
 9a FACILITY NAME (If not institution, give street and number): Methodist Hospital Northlake
 9b CITY TOWN OR LOCATION OF DEATH: Gary
 9c COUNTY OF DEATH: Lake

10 MARITAL STATUS: married
 11 SURVIVING SPOUSE (If wife, give maiden name): Clarence Hardy
 12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Cook
 12b KIND OF BUSINESS/INDUSTRY: Church

13a RESIDENCE—STATE: Indiana
 13b COUNTY: Lake
 13c CITY TOWN OR LOCATION: Gary
 13d STREET AND NUMBER: 2557 E. 22nd Ave

13e ZIP CODE: 46407
 13f INSIDE CITY LIMITS: No Yes
 13g ON A FARM? No Yes
 14 CITIZEN OF WHAT COUNTRY? USA
 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): 6th Grade

PARENTS INFORMANT

18 FATHER'S NAME (First Middle Last): Robert Willis
 19 MOTHER'S NAME (First Middle Maiden Surname): Charity Scott

20a INFORMANT'S NAME (Type/First): Clarence Hardy
 20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 2557 E. 22nd Ave Gary, In. 46407
 20c Relationship: Husband

DISPOSITION

21a METHOD OF DISPOSITION: Burial Cremation Partially Buried Donation Other (Specify)
 21b DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): August 5, 1993 Evergreen Memorial Park
 21c LOCATION—City or Town, State: Hobart, In.

22a EMBALMER'S NAME: Rev. Diane E. Weems
 22b EMBALMER'S LICENSE NO: FDE 0-100-151-0
 23 WAS DEATH REPORTED TO CORONER? No Yes

24a SIGNATURE OF FUNERAL DIRECTOR: Rev. Diane E. Weems
 24b LICENSE NUMBER (of Licensee): FDE 0-100-151-0
 25 NAME ADDRESS AND LICENSE NUMBER OF FUNERAL HOME (of Licensee): Andrew Smith Funeral Home, Inc. 21st Ave. Gary, In. 46407
 License No: 83002550

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): *Pat. Circula of the line*
 Conditions, if any, which gave rise to the immediate cause (listing the underlying cause last):
 DUE TO (OR AS A CONSEQUENCE OF):
 DUE TO (OR AS A CONSEQUENCE OF):
 DUE TO (OR AS A CONSEQUENCE OF):

PART II: Other significant conditions - Conditions contributing to death but not previously listed in Part I.
 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): 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: *Harold Kornstein MD*
 29c MEDICAL LICENSE NO: 01016449
 29d DATE SIGNED (Month Day Year): 8/3/93

HEALTH OFFICER

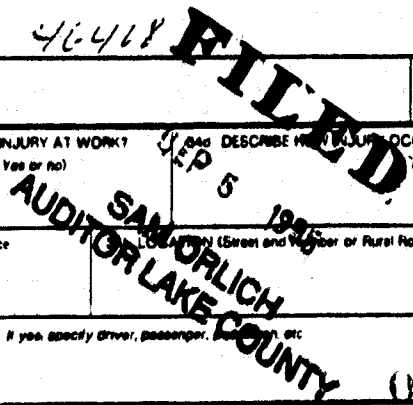
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/First): 3290 Grant St Gary IN 46418
 31 HEALTH OFFICER'S SIGNATURE: *[Signature]*
 32 DATE FILED (Month Day Year): AUG. 04. 1993

CORONER USE ONLY

33 MANNER OF DEATH:
 Natural Pending Investigation
 Accident Could not be Determined
 Suicide Homicide
 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 DATE PRONOUNCED DEAD (Month Day Year):
 34g MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, etc.

Key # H6-0553-11



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837
05 SEP -
LAKE COUNTY
FILED FOR RECORD
12:1 P

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