

WE NEED TO PURSUE OUR RESPONSIBILITIES VOLUNTARILY AND THERE WILL BE NO PENALTY FOR REFUSAL.

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

Lee M. Talley Sr. 913 Ralston St. Gary, IN 46404

Local No. 93-0712

State No.

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER K 16-1-193

TYPE/PRINT IN PERMANENT BLACK INK

1 DECEASED—NAME (First Middle Last) Wilma Talley Female 9:22 P.M. October 7, 1994
2 SOCIAL SECURITY NUMBER 311-26-2711
3 AGE—Last Birthday 67
4c UNDER 1 YEAR
5c UNDER 1 DAY
6 DATE OF BIRTH (Mo. Day Year) February 10, 1927
7 BIRTHPLACE (City and State or Foreign Country) Gary, Indiana
8a WAS DECEDENT A U.S. VETERAN? No
8b YEAR LAST SERVED IN U.S. ARMED FORCES? N/A
9 HOSPITAL: [] Inpatient [X] Outpatient [] D.O.A.
OTHER: [] Nursing Home [] Other (Specify)
[] Residence

DECEDENT

9c FACILITY NAME (If not institution, give street and number) Methodist Hospital Northlake
9d CITY/TOWN OR LOCATION OF DEATH Gary
9e COUNTY OF DEATH Lake

MARITAL STATUS

10 MARITAL STATUS (Specify) Married
11 SURVIVING SPOUSE (Type/Print) Lee M. Talley Sr.
12a DECEASED'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Secretary
12b KIND OF BUSINESS/INDUSTRY Steel Worker Union #113

RESIDENCE

13a RESIDENCE—STATE Indiana
13b COUNTY Lake
13c CITY/TOWN OR LOCATION Gary
13d STREET AND NUMBER 973 Ralston Street

CITIZENSHIP

13e ZIP CODE 46404
13f INSIDE CITY LIMITS [] No [X] Yes
14 CITIZEN OF WHAT COUNTRY? USA
15 WAS DECEDENT OF HISPANIC ORIGIN? [X] No [] Yes
16 RACE—American Indian, Black, White, etc. Black
17 DECEASED'S EDUCATION (Specify any highest grade completed) Elementary/secondary (10-12) 12th

PARENTS

18 FATHER'S NAME (First Middle Last) Cornelius Ward
19 MOTHER'S NAME (First Middle Maiden Surname) Ola Mae Johnson

INFORMANT

20a INFORMANT'S NAME (Type/Print) Lee M. Talley Sr.
20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 973 Ralston Street, Gary, Indiana 46404
20c Relationship Husband

DISPOSITION

21a METHOD OF DISPOSITION: [X] Burial [] Cremation [] Removal from State [] Other (Specify)
21b PLACE OF DISPOSITION (Specify) October 12, 1994 Oak Hill Cemetery
21c LOCATION—City or Town State Gary, Indiana

EMBALMERS

22a EMBALMERS NAME Roosevelt Allen Jr.
22b EMBALMERS LICENSE NO. 01051701
23 WAS DEATH REPORTED TO CORONER? [X] No [] Yes

SIGNATURE OF FUNERAL DIRECTOR

24a SIGNATURE OF FUNERAL DIRECTOR (Handwritten)
24b LICENSE NUMBER 08700646
25 NAME, ADDRESS AND LICENSE NUMBER OF FUNERAL HOME Guy & Allen Funeral Directors, Inc. 2959 W. 11th Avenue Gary, Indiana 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 (The disease or condition resulting in death) Acute Myocardial Infarction
DUE TO (OR AS A CONSEQUENCE OF) Atherosclerotic Cardiovascular Disease Hyperlipidemia
CONDITIONS (If any) which give rise to the immediate cause, stating the underlying cause first.

CAUSE OF DEATH

Caldwell's 9th Add Lot 36 Block 1 Key # 42-18-33 Unit # 25

PART II

27 WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM (Yes or No)
28a WAS AN AUTOPSY PERFORMED? (Yes or No) No
28b WERE AUTOPSY RESULTS AVAILABLE PRIOR TO COMPLETION OF THIS CERTIFICATE OF DEATH (Yes or No) No

CERTIFIER

29a CERTIFYING PHYSICIAN (Check one) [X] CERTIFYING PHYSICIAN [] HEALTH OFFICER [] CORONER
29b SIGNATURE AND TITLE OF CERTIFIER (Handwritten)
29c MEDICAL LICENSE NO. 01036724
29d DATE SIGNED (Month Day Year) October 11, 1994

HEALTH OFFICER

30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Dr. Aaron Johns 600 Grant Street Gary, Indiana 46404

HEALTH OFFICER

31 HEALTH OFFICER'S SIGNATURE (Handwritten)
32 DATE SIGNED (Month Day Year) OCT 14 1994

MANNER OF DEATH

33 MANNER OF DEATH: [] Natural [] Pending Investigation [] Accident [] Suicide [] Homicide [] Unknown
34a DATE OF INJURY (Month Day Year)
34b TIME OF INJURY
34c INJURY AT WORK? (Yes or No)
34d DESCRIBE HOW INJURY OCCURRED

DATE PRONOUNCED DEAD

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)

DATE PRONOUNCED DEAD

34g DATE PRONOUNCED DEAD (Month Day Year)
34h MOTOR VEHICLE ACCIDENT? (Yes or No)

DATE PRONOUNCED DEAD

34g DATE PRONOUNCED DEAD (Month Day Year)
34h MOTOR VEHICLE ACCIDENT? (Yes or No)

DATE PRONOUNCED DEAD

34g DATE PRONOUNCED DEAD (Month Day Year)
34h MOTOR VEHICLE ACCIDENT? (Yes or No)



STATE OF INDIANA FILED FOR RECORDER 95 SEP 26 1994

FILED SEP 26 1995 SAM ORLICH AUDITOR FOR LAKE COUNTY

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