

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

INDIANA STATE DEPARTMENT OF HEALTH

Local No. 95-0234

CERTIFICATE OF DEATH

State No.

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-19-3

TYPE/PRINT
IN
PERMANENT
BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

1. DECEASED - NAME (First Middle Last) Cora Lee TURMAN		2. SEX Female	3a. TIME OF DEATH 2:28PM	3b. DATE OF DEATH (Month Day Yr) March 24, 1995
4. SOCIAL SECURITY NUMBER 317-20-50287	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) Mar 17, 1925
7. BIRTHPLACE (City and State or Foreign Country) Gary, IN 46400	8a. WAS DECEDENT A U.S. VETERAN? Yes	8b. YEAR LAST SERVED IN U.S. ARMED FORCES 1946	8c. PLACE OF DEATH (Check only one. See instructions) HOSPITAL <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence	
9a. FACILITY NAME (If not institution, give street and number) Northwest Family Hospital	9b. CITY TOWN OR LOCATION OF DEATH Gary	9c. COUNTY OF DEATH Lake		
10. MARITAL STATUS (Specify) Widowed	11. SURVIVING SPOUSE (If wife, give maiden name) NONE	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Housewife	12b. KIND OF BUSINESS IN WHICH ENGAGED Domestic	
13a. RESIDENCE - STATE IN	13b. COUNTY Lake	13c. CITY TOWN OR LOCATION Gary	13d. STREET AND NUMBER 2130 Pierce Street	
13e. ZIP CODE 46407	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. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) <input checked="" type="checkbox"/> 12 College (1-4 or 5+) <input type="checkbox"/>		18. FATHER'S NAME (First Middle, Last) Melvin Maxwell		
19. MOTHER'S NAME (First Middle, Maiden Surname) Alberta Stewart		20a. INFORMANT'S NAME (Type/Print) Debbie A Mable		
20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 5445 Harrison Street, Merrillville, IN 46410		20c. Relationship Daughter		
21a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Entombment <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify) _____	21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory or other place) Mar 30, 1995 Evergreen Memorial	21c. LOCATION (City or Town, State) Hobart, IN		
22a. EMBALMER'S NAME Sherman G. Banks	22b. EMBALMER'S LICENSE NO. FDE1016254	23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
24a. SIGNATURE OF FUNERAL DIRECTOR <i>James D. Sullivan</i>	24b. LICENSE NUMBER (of Licensee) FDO1011822	24c. NAME ADDRESS AND LICENSE NUMBER OF FUNERAL HOME FH88900011 Smith Bizzell & Warner 4209 Grant Street, Gary, IN 46408		
25. 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) FILED cerebrovascular accident DUE TO (OR AS A CONSEQUENCE OF) bilateral carotid stenosis CONDITIONS (If any which gave rise to the immediate cause, stating the underlying cause last) FEB 13 1996 DUE TO (OR AS A CONSEQUENCE OF)				Approximate Interval Between Onset and Death ~ 6 wks several yrs
PART II: Other conditions contributing to death but not previously stated in Part I. SAMORLICH & 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>Darryl Fortson</i>		29c. MEDICAL LICENSE NO. H01037803	29d. DATE SIGNED (Month Day Year) 3/27/95
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 25) (Type/Print) Dr. Darryl Fortson, 2717 Wabash Avenue, Gary, IN 46404				31. HEALTH OFFICER'S SIGNATURE <i>[Signature]</i>
32. DATE FILED (Month Day Year) MAR 24 1995				
33. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide	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) 900 [Signature]		
34g. DATE PRONOUNCED DEAD (Month, Day, Year)	34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes specify driver, passenger, pedestrian, etc. No			000031

96009723

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
FEB 13 1995
PH 1254

GARY HEALTH DEPARTMENT
CERTIFIED BY:
[Signature]
HEALTH COMMISSIONER
CITY OF GARY, IND.
DATE FEB 09 1996