

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

INDIANA STATE DEPARTMENT OF HEALTH

Local No. 96-0158

CERTIFICATE OF DEATH

State No. 0068167

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

TYPE/PRINT IN PERMANENT BLACK INK

1. DECEASED-NAME (First Middle Last) Emma Mae LOTT		2. SEX Female	3a. TIME OF DEATH 9:30PM	3b. DATE OF DEATH (Month Day Yr) February 27, 1996
4. SOCIAL SECURITY NUMBER 500-30-4439	5a. AGE - Last Birthday (Years) 69	5b. UNDER 1 YEAR Months Days	5c. UNDER 1 DAY Hours Minutes	6. DATE OF BIRTH (Mo Day Yr) Sep 23, 1926
7a. WAS DECEDENT A U.S. VETERAN?	7b. YEAR LAST SERVED IN U.S. ARMED FORCES	8. PLACE OF DEATH (Check only one. See instructions) HOSPITAL <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DCA <input type="checkbox"/> Residence <input type="checkbox"/>		

DECEDENT

9a. FACILITY NAME (If not institution, give street and number) Methodist Northlake	9b. CITY TOWN OR LOCATION OF DEATH Gary	9c. COUNTY OF DEATH Lake
10. MARITAL STATUS (Specify) Married	11. SURVIVING SPOUSE (If wife, give maiden name) Jessie Lott	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Housewife
13a. RESIDENCE - STATE IN		13b. COUNTY Lake

DECEDENT

13c. CITY TOWN OR LOCATION Gary	13d. STREET AND NUMBER 2476 Industrial Boulevard
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 (9-12) <input type="checkbox"/> College (1-4 or 5+)

PARENTS

18. FATHER'S NAME (First Middle, Last) Ivory Pennington	19. MOTHER'S NAME (First Middle, Maiden Surname) Rosetta Hyman
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INFORMANT

20a. INFORMANT'S NAME (Type/Print) Jessie Lott	20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2476 Industrial Boulevard, Gary, IN 46407	20c. Relationship Husband
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DISPOSITION

21a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <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) March 4, 1996 Evergreen Memorial Park	21c. LOCATION - City or Town (State) Hobart, Indiana
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CAUSE OF DEATH

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>Ed W...</i>	24b. LICENSE NUMBER (of Licenses) FDO1042807	25. NAME ADDRESS AND LICENSE NUMBER OF FUNERAL HOME FH88900011 Smith Bittel & Warner 4209 Grant Street, Gary, IN 46408

CAUSE OF DEATH

26. PART I Enter the disease, 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) SARCOMA of Esophagus - DUE TO OR AS A CONSEQUENCE OF Pulmonary metastasis CONDITIONS IF ANY WHICH GAVE RISE TO THE IMMEDIATE CAUSE (State the underlying cause last) DUE TO OR AS A CONSEQUENCE OF	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)
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CAUSE OF DEATH

29. CERTIFIER (Check only one) SAINT JOHN'S HOSPITAL AUDITOR CORONER	29a. SIGNATURE AND TITLE OF CERTIFIER R. H. Hovanesian M.D.	29b. MEDICAL LICENSE NO. 01023583	29c. DATE SIGNED (Month Day Year) 2/29/96
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CERTIFIER

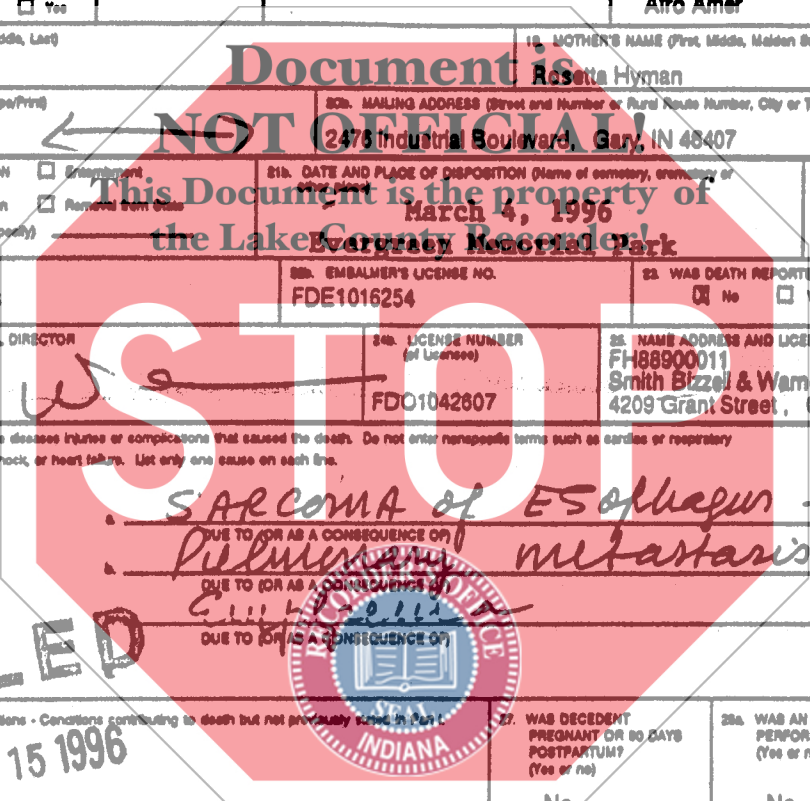
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Dr. Raffy Hovanesian, 7863 Broadway, Merrillville, IN 46410	31. HEALTH OFFICER'S SIGNATURE <i>R. Hovanesian</i>	32. DATE FILED (Month Day Year) MAR 05 1996
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HEALTH OFFICER

33. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be Determined <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)		

HEALTH OFFICER

34g. DATE PRONOUNCED DEAD (Month Day Year)	34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes specify driver, passenger, pedestrian, etc. No	000912
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FILED OCT 15 1996

STATE OF INDIANA LAKE COUNTY FILED FOR REC'D 96 OCT 15 1996 9:16

Diamond Park Sub Lot 25 Block 6 Key #42-192-25 Unit #25

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