HOLD FOR:
THE TITLE SEARCH CO

TX. Key# 24-30-0201-0001

INDIANA STATE BOARD OF HEALTH

CERTIFICATE OF DEATH

Local No. 50

State No.

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

Field	Entry
1 Deceased—Name (First Middle Last)	Clarence Hill Sr
2 Sex	Male
3a Time of Death	10:26 PM
3b Date of Death (Month Day Yr)	February 13, 1991
4 Social Security Number	312-58-1614
5a Age—Last Birthday (Years)	40
5b Under 1 Year (Months, Days)	
5c Under 1 Day (Hours, Minutes)	
6 Date of Birth (Mo. Day Yr)	April 18, 1950
7 Birthplace (City and State or Foreign Country)	East Chicago, Indiana
8a Was Decedent a US Veteran?	No
8b Year Last Served in US Armed Forces?	
9a Place of Death	Hospital: ☐ Inpatient ☒ ER/Outpatient ☐ DOA; Other: ☐ Nursing Home ☐ Residence ☐ Other (Specify)
9b Facility Name	St. Catherine Hospital
9c City, Town, or Location of Death	East Chicago
9d County of Death	Lake
10 Marital Status	Married
11 Surviving Spouse (If wife, give maiden name)	Shirley J. Johnson
12a Decedent's Usual Occupation	Grinder
12b Kind of Business/Industry	Union Tank Car
13a Residence—State	Indiana
13b County	Lake
13c City, Town, or Location	East Chicago
13d Street and Number	4707 Grasselli
13e Zip Code	46312
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
16 Race	Black
17 Decedent's Education (Elementary/Secondary 0-12; College 1-4 or 5+)	10th Grade

PARENTS

Field	Entry
18 Father's Name (First Middle Last)	Bill Hill
19 Mother's Name (First Middle Maiden Surname)	Eugennie Anthony

INFORMANT

Field	Entry
20a Informant's Name	Shirley J. Hill
20b Mailing Address	4707 Grasselli East Chicago, In 46312
20c Relationship	Wife

DISPOSITION

Field	Entry
21a Method of Disposition	☒ Burial ☐ Cremation ☐ Removal from State ☐ Entombment ☐ Donation ☐ Other (Specify)
21b Date and Place of Disposition	February 20, 1991 Evergreen Memorial Park
21c Location—City or Town, State	Hobart, Indiana
22a Embalmer's Name	Tracy Cheri Williams
22b Embalmer's License No	FD08600238
23 Was Death Reported to Coroner?	☐ No ☒ Yes
24a Signature of Funeral Director	Tracy Cheri Williams (signature)
24b License Number (of Licensee)	FD08600238
25 Name, Address, and License Number of Funeral Home	Hinton & Williams Funeral Home, 4859 Alexander Avenue, East Chicago, Indiana 46312, FH83001520

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.

	Cause	Approximate Interval Between Onset and Death
Immediate cause (Final disease or condition resulting in death) a.	Occlusive coronary arteriosclerosis	Unknown
b. Due to (or as a consequence of)		
c. Due to (or as a consequence of)		
d. Due to (or as a consequence of)		

Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last.

PART II. Other significant conditions - Conditions contributing to death but not previously listed in Part I.

Field	Entry
27 Was Decedent Pregnant or 90 Days Postpartum? (Yes or no)	No
28a Autopsy Performed? (Yes or no)	Yes
28b Were Autopsy Findings Available Prior to Completion of Cause of Death? (Yes or No)	Yes

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.

Field	Entry
29b Signature and Title of Certifier	Daniel D. Thomas, MD (signature)
29c Medical License No	16120
29d Date Signed (Month Day Year)	February 15, 1991
30 Name and Address of Person Who Completed Cause of Death (Item 26)	Daniel D. Thomas, M.D., Coroner, 2293 North Main Street, Crown Point, Indiana 46307

HEALTH OFFICER

Field	Entry
31 Health Officer's Signature	Dr. [signature]
32 Date Filed (Month Day Year)	2-19-91

CORONER USE ONLY

Field	Entry
33 Manner of Death	☒ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Pending Investigation ☐ Could not be Determined
34a Date of Injury	
34b Time of Injury	
34c Injury at Work?	
34d Describe How Injury Occurred	
34e Place of Injury	
34f Location	
34g Date Pronounced Dead	February 13, 1991
34h Motor Vehicle Accident?	

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SBH06-004 State Form 10110 (R2/3-89) DEA CERT/PD 1

Stamps: STATE OF INDIANA LAKE COUNTY FILED FOR RECORD 96 DEC -3 PM; MARGARET ... RECORDER. FILED DEC 3 1996 SAM ORLICH AUDITOR LAKE COUNTY. Side number: 96079002