

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

LOCAL NO 33-0803

State No

TYPE/PRINT IN PERMANENT BLACK INK

DECEASED NAME: Clinton Lee male 01:35P October 23, 1993

SOCIAL SECURITY NUMBER: 510-36-4534 AGE: 61 DATE OF BIRTH: June 6, 1932 PLACE OF BIRTH: Ebonye, Arkansas

WAS DECEDENT A US VETERAN? No YEAR LAST SERVED IN US ARMED FORCE: N/A PLACE OF DEATH: Hospital

DECEDENT

PACIFIC HEALTH ID NO: Methodist, Northlake Hospital CITY TOWN OR LOCATION OF DEATH: Gary COUNTY OF DEATH: Lake

MARITAL STATUS: married SURVIVING SPOUSE: Martha Ann Miller DECEASED'S USUAL OCCUPATION: Machine Operator KIND OF BUSINESS/INDUSTRY: E.J.&E. Railroad

RESIDENCE-STATE: Indiana COUNTY: Lake CITY TOWN OR LOCATION: Gary STREET AND NUMBER: 640 Ohio Street

ZIP CODE: 46402 INSIDE CITY LIMITS: No CITIZEN OF WHAT COUNTRY: USA WAS DECEDENT OF HISPANIC ORIGIN? No RACE: Afro Amer DECEASED'S EDUCATION: b

PARENTS

FATHER'S NAME: Shinola Lee MOTHER'S NAME: Lovie Turner

INFORMANT

INFORMANT'S NAME: Martha Lee ADDRESS: 1640 Ohio St. Gary, In. 46402 RELATIONSHIP: Wife

DISPOSITION

METHOD OF DISPOSITION: Burial PLACE AND DATE OF DISPOSITION: Oakhill Cemetery Gary, Indiana October 29, 1993

EMBALMERS NAME: Sherman G. Banks 3rd EMBALMERS LICENSE NO: FDO1016254 WAS DEATH REPORTED TO CORONER? No

SIGNATURE OF FUNERAL DIRECTOR: Paula L. Starnes LICENSE NUMBER: FDO9100591 NAME ADDRESS AND LICENSE NUMBER OF FUNERAL HOME: Smith Bizzell Warner & Son 4209 GARRISON ST. Gary, In. 46408

CAUSE OF DEATH

PART I: IMMEDIATE CAUSE OF DEATH: Cerebral Hemorrhage DUE TO (OR AS A CONSEQUENCE OF) Gram-negative Sepsis

PART II: OTHER SIGNIFICANT CONDITIONS: Thrombotic stroke, Malnutrition, Chronic Disease

CERTIFIER

CERTIFIER: [Signature] PHYSICIAN HEALTH OFFICER CORONER

HEALTH OFFICER

NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH: [Signature] 353 J BORDOWAY GARY

CORONER USE ONLY

HEALTH OFFICER'S SIGNATURE: [Signature] DATE FILED: OCT. 27 1993

MANNER OF DEATH: Natural, Accident, Suicide, Homicide, Pending Investigator, Cause not determined

DATE OF INJURY, PLACE OF INJURY, OCCASION OF INJURY, DESCRIBE HOW INJURY OCCURRED

DATE PRONOUNCED DEAD, MOTOR VEHICLE ACCIDENT?

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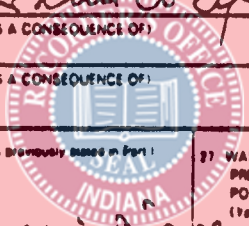
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Resub Gary

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FEB 10 1997

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