

\* ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pursue its statutory responsibility. Disclosure is voluntary and there will be no penalty for refusal.

7CC INDIANA STATE DEPARTMENT OF HEALTH

Local No. 96-0750 CERTIFICATE OF DEATH State No. ....

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) Willie Cray Washington Sr. 2 SEX Male 3a TIME OF DEATH 12:30 P 3b DATE OF DEATH (Month Day Yr) November 8, 1996 4 SOCIAL SECURITY NUMBER 420-36-4496 5a AGE—Last Birthday (Years) 67 5b UNDER 1 YEAR 5c UNDER 1 DAY 6 DATE OF BIRTH (Mo Day Yr) July 21, 1929 7 BIRTHPLACE (City and State or Foreign Country) Midway, Alabama 8a WAS DECEDENT A U.S. VETERAN? No 8b YEAR LAST SERVED IN U.S. ARMED FORCES? N/A 9a PLACE OF DEATH (Check only one. See instructions) HOSPITAL [XX] Fernwood 9b OTHER [ ] Nursing Home [ ] Other (Specify) [ ] Residency [ ] BR/Outpost [ ] DOA

DECEDENT

9b FACILITY NAME (If not institution give street and number) Methodist Hospital Northlake 9c CITY TOWN OR LOCATION OF DEATH Gary 9d COUNTY OF DEATH Lake 10 MARITAL STATUS Married 11 SURVIVING SPOUSE (Specify) Willie Pearl Stewart 12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Heavy Equipment Operator 12b KIND OF BUSINESS/INDUSTRY Inland Steel Corp. 13a RESIDENCE—STATE Indiana 13b COUNTY Lake 13c CITY TOWN OR LOCATION Gary 13d STREET AND NUMBER 4509 West 25th Place

PARENTS

14 ZIP CODE 46404 15a INSIDE OF COUNTY [ ] No [XX] Yes 15b ON A FARM? [ ] No [XX] Yes 16 CITIZEN OF WHAT COUNTRY? U S A 17 DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary, Secondary (8-12) College (11 or 12) 9th 18 FATHER'S NAME (First Middle Last) Fletcher King 19 MOTHER'S NAME (First Middle Last Surname) Adella Washington

INFORMANT

20a DECEASED'S NAME (First Middle Last) Willie P. Washington 20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 4509 West 25th Place Gary, Indiana 46404 20c RELATIONSHIP WIFE

DISPOSITION

21a METHOD OF DISPOSITION [XX] Entombment [ ] Cremation [ ] Removal from State [ ] Donation [ ] Other (Specify) 21b DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory or other place) November 12, 1996 Fern Oak Cemetery 21c LOCATION—City or Town, State Griffith, Indiana

CAUSE OF DEATH

22a EMBALMER'S NAME Roosevelt Allen Sr. 22b EMBALMER'S LICENSE NO #01051696 23 WAS DEATH REPORTED TO CORONER? [XX] No [ ] Yes 24a SIGNATURE OF FUNERAL DIRECTOR [Signature] 24b LICENSE NUMBER (of Licensee) #01051701 25 NAME ADDRESS AND LICENSE NUMBER OF FUNERAL HOME Gay & Allen Funeral Directors, Inc 33007704 2959 West 11th Avenue Gary, Indiana 46404

26 PART I Enter the disease injured or complication that caused the death. Do not enter nonspecific terms such as cardiac or respiratory arrest, shock or heart failure. List only and cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) ESOPHAGOLARYNGEAL CANCER DUE TO (OR AS A CONSEQUENCE OF) SEVERE DEMENTATION CONDITIONS IF ANY WHICH GAVE RISE TO THE IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE (List) CARDIOPULMONARY ARREST DUE TO (OR AS A CONSEQUENCE OF)

PART II Other significant conditions - Conditions contributing to death but not previously stated in Part I 27 WAS DECEDENT PREGNANT OR 60 DAYS POSTPARTUM? (Yes or no) No 28a WAS AN AUTOPSY PERFORMED? (Yes or no) No 28b WAS AN AUTOPTIC FINDING AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no)

CERTIFIER

29a CERTIFIER (Check only one) [X] 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 stated 29b SIGNATURE AND TITLE OF CERTIFIER Augustine Franks MD 29c MEDICAL LICENSE NO 29d DATE SIGNED (Month Day Year) 11-18-96

HEALTH OFFICER

30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type Print) AUGUSTINE FRANKS M.D., 1619 W 5 AVE GARY IN 46410 31 HEALTH OFFICER'S SIGNATURE [Signature] 32 DATE FILED (Month Day Year) Nov 27 1996

33 MANNER OF DEATH [X] Natural [ ] Pending Investigation [ ] Accidents [ ] Suicide [ ] Homicide [ ] Could not be Determined 34a DATE OF INJURY (Month Day Year) 34b TIME OF INJURY 34c INJURY (Specify) 34d HOW INJURY OCCURRED 34a PLACE OF INJURY—At home farm street factory office Building etc (Specify) 34b LOCATION (Specify Number or Rural Route Number, City or Town, State)

34g DATE PRONOUNCED DEAD (Month Day Year) 34h MOTOR VEHICLE ACCIDENT? (Yes or no) If yes specify SAM O'LEIGH AUDITOR LAKE COUNTY 000626

Block 27 Talleston Club Property Unit #41 Key #49-419-14

Unit #41 Key #49-446-5 2nd Add to Oak Meadow lot 53

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FILED

STATE OF INDIANA LAKE COUNTY FILED FOR RECORD NOV 27 1996 PM 1:15



CERTIFIED COPY

*Maureen D. Smith*  
RECORDER  
CITY OF GARY, IND.

DATE NOV 27 1996