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.

Local No. 96-0473

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No. H491156 ①

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

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

Field	Entry
1. DECEASED—NAME (First, Middle, Last)	John T. Berry
2. SEX	Male
3a. TIME OF DEATH	12:00 A.M.
3b. DATE OF DEATH (Month, Day, Yr)	July 23, 1996
4. *SOCIAL SECURITY NUMBER	307-20-0405
5a. AGE—Last Birthday (Years)	73
5b. UNDER 1 YEAR (Months / Days)	
5c. UNDER 1 DAY (Hours / Minutes)	
6. DATE OF BIRTH (Mo, Day, Yr)	March 15, 1923
7. BIRTHPLACE (City and State or Foreign Country)	Gary, Indiana
8a. WAS DECEDENT A U.S. VETERAN?	No
8b. YEAR LAST SERVED IN US ARMED FORCES?	N/A
9a. PLACE OF DEATH (Check only one. See instructions)	HOSPITAL: XXX Inpatient ☐ ER/Outpatient ☐ DOA; OTHER: ☐ Nursing Home ☐ Other (Specify) ☐ Residence
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 (Specify)	Married
11. SURVIVING SPOUSE (If wife, give maiden name)	Marian Britt
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired)	Truck Driver
12b. KIND OF BUSINESS/INDUSTRY	Milbrath Cement
13a. RESIDENCE—STATE	Indiana
13b. COUNTY	Lake
13c. CITY, TOWN, OR LOCATION	Gary
13d. STREET AND NUMBER	1308 Roosevelt Street
13e. ZIP CODE	46404
13f. INSIDE CITY LIMITS	☐ No XXXYes
13g. ON A FARM?	XXXNo ☐ Yes
14. CITIZEN OF WHAT COUNTRY?	U S A
15. WAS DECEDENT OF HISPANIC ORIGIN? (If yes specify Cuban, Mexican, Puerto Rican, etc.)	XXXNo ☐ Yes
16. RACE—American Indian, Black, White, etc. (Specify)	Black
17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) / College (1-4 or 5+)	12th

PARENTS

Field	Entry
18. FATHER'S NAME (First, Middle, Last)	Oscar Berry Sr.
19. MOTHER'S NAME (First, Middle, Maiden Surname)	Johana (Unknown)

INFORMANT

Field	Entry
20a. INFORMANT'S NAME (Type/Print)	Marian Berry
20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)	1308 Roosevelt Street Gary, Indiana 46404
20c. Relationship	Wife

DISPOSITION

Field	Entry
21a. METHOD OF DISPOSITION	XXXBurial ☐ Cremation ☐ Donation ☐ Entombment ☐ Removal from State ☐ Other (Specify)
21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory or other place)	July 26, 1996 Fern Oak Cemetery
21c. LOCATION—City or Town, State	Griffith, Indiana
22a. EMBALMER'S NAME	Roosevelt Allen Jr.
22b. EMBALMER'S LICENSE NO.	#01051701
23. WAS DEATH REPORTED TO CORONER?	XXXNo ☐ Yes
24a. SIGNATURE OF FUNERAL DIRECTOR	[signature]
24b. LICENSE NUMBER (of Licensee)	#08700646
25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME	Guy & Allen Funeral Directors, Inc. 83007704 2959 West 11th Avenue Gary, Indiana 46404

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. — Approximate Interval Between Onset and Death

IMMEDIATE CAUSE (Final disease or condition resulting in death)

a. Cardiorespiratory Arrest

DUE TO (OR AS A CONSEQUENCE OF)

b. Cerebral Vascular Accident

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

DUE TO (OR AS A CONSEQUENCE OF)

c. Hypertensive Cardiovascular Disease

DUE TO (OR AS A CONSEQUENCE OF)

d.

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

Field	Entry
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)	

CERTIFIER

29a. CERTIFIER (Check one)

XXX CERTIFYING PHYSICIAN To the best of my knowledge death occurred at the time, date and place and due to the cause(s) as stated.

☐ MEDICAL EXAMINER 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	Ida Cannon MD
29c. MEDICAL LICENSE NO.	IN 01037499
29d. DATE SIGNED (Month, Day, Year)	7/29/96
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print)	Dr. Ida Cannon 1619 West 5th Avenue Gary, Indiana 46402

HEALTH OFFICER

Field	Entry
31. HEALTH OFFICER'S SIGNATURE	[signature]
32. DATE FILED (Month, Day, Year)	JUL 31 1996

Field	Entry
33. MANNER OF DEATH	☐ Natural ☐ Pending Investigation ☐ Accident ☐ Suicide ☐ Could not be Determined ☐ Homicide
34a. DATE OF INJURY (Month, Day, Year)	
34b. TIME OF INJURY	
34c. INJURY AT WORK? (Yes or 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)	
34g. DATE PRONOUNCED DEAD (Month, Day, Year)	
34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes specify driver, passenger, pedestrian, etc.	

SDH06-004 State Form 10110 (R4/3-93) Deathcer/PD 1

FILED

FEB 26 1997

SAM ORLICH AUDITOR LAKE COUNTY

STATE OF INDIANA LAKE COUNTY FILED FOR RECORD 97 FEB 28 PM 1:25 MORRIS CARTER RECORDER

97019...

Chicago Title Insurance Company

Key 25-45-30-389 Henke's ... Lt 3 & 7 1/2 ... Add City Gary PB 14/23

001139

Guy ... Sn