

* 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.

4CC + 3 Free VETS
INDIANA STATE DEPARTMENT OF HEALTH

Local No. 97-0601

CERTIFICATE OF DEATH

State No.

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

FOR ADMINISTRATIVE USE ONLY

TYPE/PRINT
IN
PERMANENT
BLACK INK

1 DECEASED—NAME (First Middle Last) Oliver T. Brown Jr.		2 SEX Male	3a TIME OF DEATH 7:53A	3b DATE OF DEATH (Month Day Yr) September 1, 1997
4 SOCIAL SECURITY NUMBER 430-68-2708	5a AGE—Last Birthday (Years) 59	5b UNDER 1 YEAR Months Days	5c UNDER 1 DAY Hours Minutes	6 DATE OF BIRTH (Mo Day Yr) August 6, 1938
7a WAS DECEDENT A U.S. VETERAN? YES	7b YEAR LAST SERVED IN U.S. ARMED FORCES? 1968	9a PLACE OF DEATH (Check only one See instructions) <input checked="" type="checkbox"/> HOSPITAL <input type="checkbox"/> Other (Specify) <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> OOA <input type="checkbox"/> Nursing Home <input type="checkbox"/> 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) Mary V. George	12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Gang Leader		12b KIND OF BUSINESS/INDUSTRY USX Steel Corp.
13a RESIDENCE—STATE Indiana	13b COUNTY Lake	13c CITY TOWN OR LOCATION Gary	13d STREET AND NUMBER 2251 Connecticut Street	
13e ZIP CODE 46407	13f INSIDE CITY LIMITS <input checked="" type="checkbox"/> No <input 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) Black
17 DECEDENT'S EDUCATION (Specify only highest grade completed) 12th		18 FATHER'S NAME (First Middle Last) Oliver T. Brown Sr.		
19 MOTHER'S NAME (First Middle Maiden Surname) Geneva Wise		20a INFORMANT'S NAME (Type/Print) Mary V. Brown		
20b MAILING ADDRESS (Street and Number or Rural Route Number City or Town State Zip Code) 2251 Connecticut Street Gary, Indiana 46407		20c Relationship Wife		
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) September 6, 1997 Evergreen Cemetery		21c LOCATION—City or Town State Hobart, Indiana
22a EMBALMER'S NAME Roosevelt Allen Sr.		22b EMBALMER'S LICENSE NO #01051696	23 WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
24 SIGNATURE OF FUNERAL DIRECTOR <i>Roosevelt Allen Sr.</i>		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	
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. Cardio respiratory arrest hypoxia Probable Acute Pulmonary Embolism				
IMMEDIATE CAUSE (Final disease or condition resulting in death) a. DUE TO (OR AS A CONSEQUENCE OF) b. DUE TO (OR AS A CONSEQUENCE OF) c. DUE TO (OR AS A CONSEQUENCE OF) d. DUE TO (OR AS A CONSEQUENCE OF)				
PART II Other significant conditions - Conditions contributing to death but not previously stated in Part I				
27a CERTIFIER (Check only one) <input checked="" type="checkbox"/> CERTIFYING PHYSICIAN To the best of my knowledge death occurred at the time, date, and place and due to the cause(s) as stated. <input type="checkbox"/> 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. <input type="checkbox"/> 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.		28b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) NO		
29b SIGNATURE AND TITLE OF CERTIFIER <i>Dennis Street</i>		29c MEDICAL LICENSE NO 2000320	29d DATE SIGNED (Month Day Year) 9-5-97	
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Dennis Street 2219 E 84th St, Merrillville, In 46410				
31 HEALTH OFFICER'S SIGNATURE <i>Dennis Street M.D. M.P.H.</i>				32 DATE FILED (Month Day Year) SEP 10 1997
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)
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		34i		

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

46-25-2

FILED
STATE OF INDIANA
LAKE COUNTY
RECORD
AM 11:00
CARTER
FOR ADMINISTRATIVE USE ONLY
AUDITOR LAKE COUNTY

900
CASH

000415