

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.

INDIANA STATE DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH

Key # 46-554-24

Local No. 1082-76

State No. 46-554-24

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-10-3

TYPE/PRINT IN PERMANENT BLACK INK	1 DECEASED—NAME (First Middle Last) <b>Arthur B. Host</b>		2 SEX <b>Male</b>	3a TIME OF DEATH <b>2:21 A.M.</b>	3b DATE OF DEATH (Month Day Year) <b>May 7, 1996</b>	
	4 SOCIAL SECURITY NUMBER <b>402-40-7380</b>		5a AGE—Last Birthday (Years) <b>66</b>	5b UNDER 1 YEAR Months Days	5c UNDER 1 DAY Hours Minutes	
	6a WAS DECEDENT A U.S. VETERAN? <b>No</b>		6b YEAR LAST SERVED IN U.S. ARMED FORCES? <b>N/A</b>		6c PLACE OF DEATH (Check only one See instructions) <b>HOSPITAL</b> <input checked="" type="checkbox"/> <b>Residence</b> <input type="checkbox"/> <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify)	
	8b FACILITY NAME (If not institution, give street and number) <b>Methodist Hospital Southlake</b>			8c CITY TOWN OR LOCATION OF DEATH <b>Merrillville</b>		8d COUNTY OF DEATH <b>Lake</b>
DECEDENT	10 MARITAL STATUS (Specify) <b>Married</b>		11 SURVIVING SPOUSE (If wife, give maiden name) <b>Minnie L. Alexander</b>		12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life Do not use retired) <b>Pressman</b>	
	12b KIND OF BUSINESS/INDUSTRY <b>Budd Company</b>		13a RESIDENCE—STATE <b>Indiana</b>			
	13b COUNTY <b>Lake</b>		13c CITY TOWN OR LOCATION <b>Gary</b>		13d STREET AND NUMBER <b>2508 Marshalltown Drive</b>	
	13e ZIP CODE <b>46407</b>	13f INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	13g ON A FARM? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	14 CITIZEN OF WHAT COUNTRY? <b>U S A</b>	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) <b>Black</b>
PARENTS	18 FATHER'S NAME (First Middle Last) <b>Sam Host</b>			19 MOTHER'S NAME (First Middle Maiden Surname) <b>Annie Houston</b>		
	20a INFORMANT'S NAME (Type/Print) <b>Minnie L. Host</b>		20b MAILING ADDRESS (Street and Number or Rural Route Number City or Town State Zip Code) <b>2508 Marshalltown Drive Gary, Indiana 46407</b>		20c Relationship <b>Wife</b>	
	21a METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Entombment <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) <b>May 13, 1996 Evergreen Cemetery</b>		21c LOCATION—City or Town, State <b>Hobart, Indiana</b>	
	22a EMBALMER'S NAME <b>Roosevelt Allen Sr.</b>		22b EMBALMER'S LICENSE NO. <b>#01051696</b>		23 WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
DISPOSITION	24a SIGNATURE OF FUNERAL DIRECTOR <i>V. Allen</i>		24b LICENSE NUMBER (of Licensee) <b>#08700646</b>		25 NAME ADDRESS AND LICENSE NUMBER OF FUNERAL HOME <b>Guy &amp; Allen Funeral Directors, Inc. 8300704 2959 West 11th Avenue Gary, Indiana 46401</b>	
	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. <b>open heart surgery</b> <b>severe left ventricular dysfunction</b>					
	IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF)					
	CONDITIONS if any which gave rise to the immediate cause stating the underlying cause last DUE TO (OR AS A CONSEQUENCE OF)					
CAUSE OF DEATH	PART II Other significant conditions - Conditions contributing to death but not previously stated in Part I <b>OCT 15 1997</b>					
	27 WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) <b>No</b>		28a WAS AN AUTOPSY PERFORMED? (Yes or no) <b>No</b>		28b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no)	
	29a CERTIFIER (Check only one) <input checked="" type="checkbox"/> <b>SAM OREICH</b> SAM OREICH, M.D., Auditor for Lake County <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"/> 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) and manner as stated.					
	29b SIGNATURE AND TITLE OF CERTIFIER <i>A.M. Malik MD</i> <b>A. M. Malik MD Attending MD</b>		29c MEDICAL LICENSE NO. <b>#01034378</b>		29d DATE SIGNED (Month Day Year) <b>May 21, 1996</b>	
HEALTH OFFICER	30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) <b>Dr. Arshad Malik 8560 Broadway Merrillville, Indiana 46410</b>					
	31 HEALTH OFFICER'S SIGNATURE <i>Alexander S. Killins, MD</i> <b>Alexander S. Killins, MD</b>				32 DATE FILED (Month Day Year) <b>May 23, 1996</b>	
	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 IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPT
	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) <b>APR 21 1997</b>		
34g DATE PRONOUNCED DEAD (Month Day Year)		34h MOTOR VEHICLE ACCIDENT? (Yes or no) If yes specify driver, passenger, pedestrian, etc. <b>000985 Alexander S. Killins, MD</b>				

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD  
OCT 15 1997  
INTERVAL BETWEEN ONSET AND DEATH

FILED