

* ATTENTION ESTATE: Disclosure of the SS# we need to pursue our responsibilities is voluntary and there will be no penalty for refusal.

INDIANA STATE DEPARTMENT OF HEALTH

Key # 45-286-32

Local No. 95

CERTIFICATE OF DEATH

State No. 45-286-32

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

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

1. DECEASED—NAME (First Middle Last) Joseph R. Oden Sr. 97071921		2. SEX XX Female		3. TIME OF DEATH 10:30PM		4. DATE OF DEATH (month Day Yr) March 31, 1997	
4. SOCIAL SECURITY NUMBER 311-46-3678		5a. AGE - Last Birthday (Years) 50		5b. UNDER 1 YEAR Months Days		5c. UNDER 1 DAY Hours Minutes	
6. DATE OF BIRTH (Month Day Yr) Nov 15, 1948		7. BIRTHPLACE (City and State or Foreign Country) Birmingham, AL 35218					
8a. WAS DECEDENT A U.S. VETERAN? Yes		8b. YEAR LAST SERVED IN U.S. ARMED FORCES 1972		9. PLACE OF DEATH (Check only one. See instructions) HOSPITAL <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence			
10. FACILITY NAME (If not institution, give street and number) St. Catherine Hospital				11. CITY TOWN OR LOCATION OF DEATH East Chicago		12. COUNTY OF DEATH Lake	
10. MARITAL STATUS (Specify) Married Widowed		11. SURVIVING SPOUSE (If wife, give maiden name) Betty J. Oden Lillie		12a. DECEASED'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Mail Handler		12b. KIND OF BUSINESS INDUSTRY Mail Handling	
13a. RESIDENCE - STATE IN		13b. COUNTY Lake		13c. CITY TOWN OR LOCATION Gary		13d. STREET AND NUMBER 422 Dallas Street	
13a. ZIP CODE 46408		13c. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" 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.)	
15. RACE - American Indian, Black, White, etc. (Specify) Afro Amer		16. DECEDENT'S EDUCATION (Specify only highest grade completed) 12		17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (9-12) College (1-4 or 5+)			
18. FATHER'S NAME (First, Middle, Last) James Hurt				19. MOTHER'S NAME (First, Middle, Maiden Surname) Vera M. Oden			
20a. INFORMANT'S NAME (Type/Print) Betty J. Oden		20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 422 Dallas Street, Gary, IN 46408				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) Apr 5, 1997 Ridgelawn Cemetery		21c. LOCATION - City or Town State Gary, IN			
22a. EMBALMER'S NAME Sherman G. Banks		22b. EMBALMER'S LICENSE NO. FDE1016254		23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
24a. SIGNATURE OF FUNERAL DIRECTOR <i>Sherman G. Banks</i>		24b. LICENSE NUMBER (of Licensee) FDO1016254		24c. NAME ADDRESS AND LICENSE NUMBER OF FUNERAL HOME FH19600034 Smith Bizzell & Warner 4209 Grant Street, Gary, IN 46408			
25. PART I Enter the disease, 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. <u>Anger</u> DUE TO (OR AS A CONSEQUENCE OF)							
b. <u>liver failure</u> DUE TO (OR AS A CONSEQUENCE OF)							
c. <u>cirrhosis of liver</u> DUE TO (OR AS A CONSEQUENCE OF)							
Conditions if any which gave rise to the immediate cause stating the underlying cause last							
PART II Other significant conditions - Conditions contributing to death but not previously stated in Part I				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) No
29a. 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.		29b. SIGNATURE AND TITLE OF CERTIFIER <i>R. Kota</i>		29c. MEDICAL LICENSE NO. 1414717		29d. DATE SIGNED (Month Day Year) 4/9/97	
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 29) (Type/Print) Dr. Range R. Kota, 5825 Broadway, Merrillville, IN 46410							
31. HEALTH OFFICER'S SIGNATURE <i>Dr. Timothy Raykovich</i>							
32. 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		33a. DATE OF INJURY (Month Day Year) 03/22/1997		33b. TIME OF INJURY		33c. INJURY AT WORK? (Yes or no) No	
		33d. DESCRIBE HOW INJURY OCCURRED 03/22/1997		34. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)			
		34a. LOCATION (Street and Number or Rural Route Number City or Town State) SAM ORLICH AUDITOR LAKE COUNTY		34b. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes specify driver, passenger, pedestrian, etc. No			
34c. DATE PRONOUNCED DEAD (Month, Day, Year)		34d. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes specify driver, passenger, pedestrian, etc. No					

FILED 4-14-97

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