VCC

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

Local No. 95-00052

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

Vicy # 44-71-21

State No. ....

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)	Sabron Hall Sr.
2 SEX	Male
3a TIME OF DEATH	8:45 AM
3b DATE OF DEATH (Month Day Yr)	January 19, 1995
4 SOCIAL SECURITY NUMBER	410-48-1511
5a AGE—Last Birthday (Years)	63
5b UNDER 1 YEAR (Months, Days)	
5c UNDER 1 DAY (Hours, Minutes)	
6 DATE OF BIRTH (Mo Day Yr)	June 5, 1931
7 BIRTHPLACE (City and State or Foreign Country)	Covington, Tennessee
8a WAS DECEDENT A US VETERAN?	No
8b YEAR LAST SERVED IN US ARMED FORCES?	N/A
9a PLACE OF DEATH (Check only one)	HOSPITAL: XXX Inpatient ☐ ER/Outpatient ☐ DOA; OTHER: ☐ Nursing Home ☐ Residence ☐ Other (Specify)
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 (If wife, give maiden name)	Dorothy A. Tinsley
12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired)	Machine Operator
12b KIND OF BUSINESS/INDUSTRY	Pittsburgh Metal
13a RESIDENCE—STATE	Indiana
13b COUNTY	Lake
13c CITY, TOWN OR LOCATION	Gary
13d STREET AND NUMBER	656 Tennessee Street
13e ZIP CODE	46402
13f INSIDE CITY LIMITS	☐ No XXX Yes
13g ON A FARM?	XXX No ☐ Yes
14 CITIZEN OF WHAT COUNTRY?	U S A
15 WAS DECEDENT OF HISPANIC ORIGIN? (If yes specify Cuban, Mexican, Puerto Rican etc)	XXX No ☐ Yes
16 RACE—American Indian, Black, White etc (Specify)	Black
17 DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12)	7th
College (1-4 or 5+)	

PARENTS

Field	Entry
18 FATHER'S NAME (First Middle Last)	Dupree Hall
19 MOTHER'S NAME (First Middle Maiden Surname)	Lillie Peete

INFORMANT

Field	Entry
20a INFORMANT'S NAME (Type/Print)	Dorothy A. Hall
20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)	656 Tennessee Street Gary, Indiana 46402
20c Relationship	Wife

DISPOSITION

Field	Entry
21a METHOD OF DISPOSITION	XXX Burial ☐ Cremation ☐ Removal from State ☐ Entombment ☐ Donation ☐ Other (Specify)
21b DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory or other place)	January 24, 1995 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?	XXX No ☐ Yes
24a SIGNATURE OF FUNERAL DIRECTOR	Patsy L. Allen
24b LICENSE NUMBER (of Licensee)	01045736
25 NAME, ADDRESS AND LICENSE NUMBER OF FUNERAL HOME	Guy & Allen Funeral Directors, Inc. 2959 W. 11th Avenue Gary, Indiana 4640[?] 83007704

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.

	Cause	Approximate Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition resulting in death) a.	Carcinoma of the colon	2 years
DUE TO (OR AS A CONSEQUENCE OF) b.		
DUE TO (OR AS A CONSEQUENCE OF) c.		
DUE TO (OR AS A CONSEQUENCE OF) d.		

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: Pneumonia

27 WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or 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)

FILED DEC 3 1997

SAM ORLICH AUDITOR LAKE COUNTY

DEC 3 [?] AM 9 45 LAKE COUNTY INDIANA FILED FOR RECORD

CERTIFIER

29a CERTIFIER (Check only one)

- ☑ 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 as stated

Field	Entry
29b SIGNATURE AND TITLE OF CERTIFIER	Abdul Bornstein MD
29c MEDICAL LICENSE NO	01016449
29d DATE SIGNED (Month Day Year)	1/24/95
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print)	Dr. Bornstein 3290 Grant Street Gary, Indiana 46408

HEALTH OFFICER

Field	Entry
31 HEALTH OFFICER'S SIGNATURE	[signature]
32 DATE FILED (Month Day Year)	JAN 27 1995

33 MANNER OF DEATH: ☐ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Pending Investigation ☐ Could not be Determined

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

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