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94-0158

INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

Local No. .... State No. ....

TX# 25-46-0142-0024

970827714

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

1. DECEASED—NAME: Katie Mae Melton
2. SEX: Female
3a. TIME OF DEATH: 10:59
3b. DATE OF DEATH: February 27, 1994
4. SOCIAL SECURITY NUMBER: 351-24-3268
5a. AGE—Last Birthday (Years): 77
6. DATE OF BIRTH: FEB 17, 1917
7. BIRTHPLACE: Tchula, Mississippi
8a. WAS DECEDENT A U.S. VETERAN? No
8b. YEAR LAST SERVED IN U.S. ARMED FORCES? N/A
9a. PLACE OF DEATH: HOSPITAL ☐ Inpatient ☐ ER/Outpatient ☐ DOA; OTHER ☐ Nursing Home ☐ Residence ☐ Other (Specify)
9b. FACILITY NAME: Northwest Family Hospital
9c. CITY, TOWN OR LOCATION OF DEATH: Gary
9d. COUNTY OF DEATH: Lake
10. MARITAL STATUS: Widowed
11. SURVIVING SPOUSE: NONE
12a. DECEDENT'S USUAL OCCUPATION: Nurse's Assistant
12b. KIND OF BUSINESS/INDUSTRY: Miller Merry Manor
13a. RESIDENCE—STATE: Indiana
13b. COUNTY: Lake
13c. CITY, TOWN OR LOCATION: Gary
13d. STREET AND NUMBER: 2494 Delaware Street
13e. ZIP CODE: 46407
13f. INSIDE CITY LIMITS: ☐ No ☒ Yes
13g. ON A FARM? ☒ No ☐ Yes
14. CITIZEN OF WHAT COUNTRY? USA
15. WAS DECEDENT OF HISPANIC ORIGIN? ☒ No ☐ Yes
16. RACE: Afro Am
17. DECEDENT'S EDUCATION: Elementary/Secondary (0-12): 10

PARENTS

18. FATHER'S NAME: Jefferson Riley
19. MOTHER'S NAME: Mary Brown

INFORMANT

20a. INFORMANT'S NAME: Ruth Cooley
20b. MAILING ADDRESS: 505 West 52nd Pl, Merrillville, Ind 46410
20c. Relationship: Daughter

DISPOSITION

21a. METHOD OF DISPOSITION: ☒ Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ Entombment ☐ Other (Specify)
21b. DATE AND PLACE OF DISPOSITION: MAR 5, 1994 Oakhill Cemetery
21c. LOCATION—City or Town, State: Gary, Indiana
22a. EMBALMER'S NAME: Sherman G. Banks
22b. EMBALMER'S LICENSE NO.: FDE1016254 X
23. WAS DEATH REPORTED TO CORONER? ☒ No ☐ Yes
24a. SIGNATURE OF FUNERAL DIRECTOR: Paula L. Starner
24b. LICENSE NUMBER: FD09100591
25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME: FH88900011 Smith Bizzell Warner & Son, 4209 Grant St., Gary, In. 46408

HOLD FOR: THE TITLE SEARCH CO.

CAUSE OF DEATH

26. PART I. IMMEDIATE CAUSE
a. Cardio-respiratory arrest / Myocardial Infarction
DUE TO (OR AS A CONSEQUENCE OF):
b. Gastro-intestinal Bleeding / Hypertension
DUE TO (OR AS A CONSEQUENCE OF):
c. Hypertensive Cardio Vascular Disease
DUE TO (OR AS A CONSEQUENCE OF):
d.

PART II. Other significant conditions
27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? No
28a. WAS AN AUTOPSY PERFORMED? No
28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? No

CERTIFIER

29a. CERTIFIER: ☒ CERTIFYING PHYSICIAN ☐ HEALTH OFFICER ☐ CORONER
29b. SIGNATURE AND TITLE OF CERTIFIER: [signature]
29c. MEDICAL LICENSE NO.: 30385
29d. DATE SIGNED: 3/3/94
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26): Dr. Cyrill M. Llaneta, 26 East 15th Avenue, Gary, Indiana 46407

HEALTH OFFICER

31. HEALTH OFFICER'S SIGNATURE: [signature]
32. DATE FILED: MAR 04 1994

FILED
DEC 3 1997
SAM ORLICH
AUDITOR LAKE COUNTY

CORONER USE ONLY

33. MANNER OF DEATH: ☐ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Pending Investigation ☐ Could not be Determined
34a. DATE OF INJURY
34b. TIME OF INJURY
34c. INJURY AT WORK
34d. DESCRIBE HOW INJURY OCCURRED
34e. PLACE OF INJURY
34f. LOCATION
34g. DATE PRONOUNCED DEAD
34h. MOTOR VEHICLE ACCIDENT

SDHCS-004 State Form 10110 (R/1-92) DEATHCERT-PD1

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