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INDIANA STATE DEPARTMENT OF HEALTH

Local No. 28 — CERTIFICATE OF DEATH — State No. .....

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

1 DECEASED—NAME (First, Middle, Last): Alvin Lawrence | 2 SEX: Male | 3a TIME OF DEATH: 1:33 a.m. | 3b DATE OF DEATH (Month, Day, Yr.): January 13,1993

4 SOCIAL SECURITY NUMBER: 313-36-8233 | 5a AGE—Last Birthday (Years): 56 | 5b IF UNDER 1 YEAR: Months, Days | 5c IF UNDER 1 DAY: Hours, Minutes | 6 DATE OF BIRTH (Mo. Day. Yr.): January 8,1937 | 7 BIRTHPLACE (City and State or Foreign Country): Atlanta,GA

8a WAS DECEDENT A U.S. VETERAN?: No | 8b YEAR LAST SERVED IN U.S. ARMED FORCES?: N/A | 9a PLACE OF DEATH (Check only one. See instructions): [X] HOSPITAL Inpatient [ ] ER/Outpatient [ ] DOA; [ ] OTHER Nursing Home [ ] Other (Specify) [ ] Residence

9b FACILITY NAME (If not institution, give street and number): St. Catherine's Hospital | 9c CITY, TOWN, OR LOCATION OF DEATH: East Chicago | 9d COUNTY OF DEATH: Lake

10 MARITAL STATUS (Specify): Divorced | 11 SURVIVING SPOUSE (If wife, give maiden name): None | 12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Laborer | 12b KIND OF BUSINESS/INDUSTRY: USX (Sheet & Tin)

13a RESIDENCE—STATE: Indiana | 13b COUNTY: Lake | 13c CITY, TOWN OR LOCATION: Gary | 13d STREET AND NUMBER: 422 Rutledge Street

13e ZIP CODE: 46404 | 13f INSIDE CITY LIMITS: [ ] No [X] Yes | 13g ON A FARM?: [X] No [ ] Yes | 14 CITIZEN OF WHAT COUNTRY?: USA | 15 WAS DECEDENT OF HISPANIC ORIGIN?: [X] No [ ] 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): Elementary/Secondary (0-12): 12th; College (1-4 or 5+):

PARENTS

18 FATHER'S NAME (First, Middle, Last): Henry Lawrence | 19 MOTHER'S NAME (First, Middle, Maiden Surname): Birneta Thomas

INFORMANT

20a INFORMANT'S NAME (Type/Print): Brandy Lawrence | 20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 422 Rutledge Street Gary, IN 46404 | 20c Relationship: Daughter

DISPOSITION

21a METHOD OF DISPOSITION: [ ] Entombment [X] Burial [ ] Cremation [ ] Removal from State [ ] Donation [ ] Other (Specify) _____ | 21b DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): January 16,1993 Fern Oak Cemetery | 21c LOCATION—City or Town, State: Griffith, Indiana

22a EMBALMER'S NAME: Patrician Owens | 22b EMBALMER'S LICENSE NO.: 08700298 | 23 WAS DEATH REPORTED TO CORONER?: [X] No [ ] Yes

24a SIGNATURE OF FUNERAL DIRECTOR: [signature] | 24b LICENSE NUMBER (of Licensee): 08700646 | 25 NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME: 83007704 Guy & Allen Funeral Directors, Inc. 2959 West 11th Ave. Gary, IN 46404

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. (Approximate Interval Between Onset and Death)

IMMEDIATE CAUSE (Final disease or condition resulting in death):
a. congestive heart failure
DUE TO (OR AS A CONSEQUENCE OF):
b. myocardial infarction
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.

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PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I: Dubolin mellitus

27 WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no): no | 28a WAS AN AUTOPSY PERFORMED? (Yes or no): yes | 28b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no):

CERTIFIER

29a CERTIFIER (Check only one):
[X] CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner 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) and manner 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.

29b SIGNATURE AND TITLE OF CERTIFIER: [signature] | 29c MEDICAL LICENSE NO.: 010023257 | 29d DATE SIGNED (Month, Day, Year): 1/20/93

30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print): Dr. Greenberg 9122 Columbia Munster IN

HEALTH OFFICER

31 HEALTH OFFICER'S SIGNATURE: [signature] | 32 DATE FILED (Month, Day, Year): 1/26-93

STATE OF INDIANA LAKE COUNTY FILED JAN 26 1993 AUDITOR LAKE COUNTY

CORONER USE ONLY

33 MANNER OF DEATH: [ ] Natural [ ] Pending Investigation [ ] Accident [ ] Suicide [ ] Could not be Determined [ ] 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

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SDH06-004 State Form 10110 (R/1-92) DEATHCER/PD

-7 Mary Lawrence 540 Hawley St 46404 9