The second of the second secon 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 genetic forefusal. 5CC INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH State No. THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-19-3 DECEASED-NAME (First, Middle, Last) 30 TIME OF DEATH 36 DATE OF DEATH (Month Day Y/) TYPE/PRINT IN Isabella Female 11:24 AM Turner November 28, 1996 5a ACE-Lest Birthday SE UNDER I YEAR SC UNDER I DAY | 6. DATE OF BIRTH (Mo Day, Yr) 4. *SOCIAL SECURITY NUMBER PERMANENT 7. BIRTHPLACE (City and State or Foreign Country (Years) Dave Hours 312-38-3028 Months July 16, 1924 Mississippi ... **BLACK INK** 84 WAS DECEDENT 9a PLACE OF DEATH (Check only one See instructions) YEAR LAST SERVED IN Inpetion HOSPITAL OTHER Nursing Home Other (Specify) No N/A KXER/Outpetient DOA Residence 9c CITY TOWN OR LOCATION OF DEATH 9b FACILITY NAME (if not institution, give street and number) M COUNTY OF DEATH DECEDENT Gary Lake Methodist Hospital Northlake 12e DECEDENT'S USUAL OCCUPATION (Give kind of work some during most of working life Do not use retired)
Physical Therapist 11 SURVIVING SPOUSE (If whe give meider nen HOTACE H. 10 MARITAL STATUS 126 KIND OF BUSINESS/INDUSTRY Married Lake **Wa**unty Convelascent Turner Sr. 134 RESIDENCE-STATE 13c CITY, TOWN OR LOCATION 13d STREET AND NUMBER 1527 Tennessee Street Indiana Lake 12. DECEDENT S EDUCATION (Specify only highest grade complete 18 WAS DECEDENT OF HISPANIC ORIGIN? 13e ZIP CODE 13 INSIDE CITY LIMITS 14 CITIZEN OF 16 RACE-American Indian WHAT COUNTRY Black White etc Mexican Puerto Rican, etc.) (Specify) 13g ON A FARM? Elementary/SECONdary (0-12) College (1-4 or 5 +) 46407 USA Black 12th-XXX 0 v.. 19 MOTHERS NAME (First Middle, Maiden Surner 18 FATHERS NAME (First Middle Last) PARENTS John Gardner Dora Prentiss 20m INFORMANT'S NAME (Type/Print) 20h. MAILING ADDRESS (Street and Number or Rural Route Number City or Town, State Zip Code) INFORMANT Alfreda Turner 1527 Tennessee Street Gary, Indiana 46407 Daugther 218 METHOD OF DISPOSITION | Entombrient 21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, cremetory, or 21c LOCATION-Cay or Town State Removal from State other place) December 5, 1996 Other (Specify) Decemon Hobart, Indiana Evergreen Cemeter EMBALMERS NAME 226 EMBALMERS LICENSE NO 23 WAS DEATH REPORTED TO CORDER? DISPOSITION □ v•• ○ #29400047 X₹№ Rosenwald D. Allen Jr. 25 NAME ADDRESS AND LICENSE NUMBER OF FUNERAL HOME 246 LICENSE NUMBER 248 SIGNATURE OF FUNERAL DIRECTOR (of Licensee) Guy & Allen Funeral Directors; Inc 83007704 2959 West 11th Avenue Gary; Indiana 46404 #08700646 26 PART I Interval Between shock, or Keart failure. List only one cause on each in Onset and Death N (4) QUE TO LOR AS A CONSEQUENCE OF CAUSE OF nyoTroch DUE TO (OR AS A CONSEQUENCE OF) Key *42-175-16 OTTOR LANE COUNTY COUNTY COUNTY OF 28a. WAS AN AUTOPSY WAS DECEDENT 285 WERE AUTOPSY FINDINGS PREGNANT OR 90 DAYS AVAILABLE PRIOR TO PERFORMED? COMPLETION OF CAUSE OF DEATH? (Yes or no) POSTPARTUM? (Yes or no) (Yes or no) Nο ECERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated 29a CERTIFIER (Check only 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 200) CORONER On the basis of examination and/or investigation in my opinion death occurred at the time, date, and due to the cause(s) and manner as stated 29¢ MEDICAL LICENSE NO 296 SIGNATURE AND TITLE OF CERTIFIER 29d DATE SIGNED (Month. Day, Year) CERTIFIER #10138300 6/96 30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 28) (Type/Print 9120 Connection Dr. Merrilly lle, IN. 46410 George F. 31 HEALTH OFFICER'S SIGNATURE HEALTH OFFICER 33 MANNER OF DEATH 34a DATE OF INJURY 34b TIME OF 34c INJURY AT WORK? 34d DESCRIBE HOW INJURY OCCURRED YAULAI (Month Day: Year) (Yes or no) Pensing Investigation ☐ Natural 34n PLACE OF INJURY-At home farm street, factory, office 34f LOCATION (Street and Number or Rural Route Number, City or Town, State) Suicide Could not be Determined ☐ Homicide 000603 34h MOTOR VEHICLE ACCIDENT? (Yes or no) If yes specify driver, pessenger pedestrien, etc. 34g DATE PRONOUNCED DEAD (Month. Day, Year)

SDH06-004 State Form 10110 (R4/3-93) Deathcer/PD 1