

* 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 penalty for refusal.

5CC INDIANA STATE DEPARTMENT OF HEALTH

Local No. 96 0814

CERTIFICATE OF DEATH

State No.

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-19-3

TYPE/PRINT IN PERMANENT BLACK INK

Form with fields for DECEASED-NAME (Isabella Turner), SEX (Female), TIME OF DEATH (11:24 AM), DATE OF DEATH (November 28, 1996), SOCIAL SECURITY NUMBER (312-38-3028), AGE (72), UNDER 1 YEAR (0 months, 0 days), UNDER 1 DAY (0 hours, 0 minutes), DATE OF BIRTH (July 16, 1924), BIRTHPLACE (Mississippi), FACILITY NAME (Methodist Hospital Northlake), CITY/TOWN (Gary), COUNTY (Lake), MARITAL STATUS (Married), SURVIVING SPOUSE (Horace H. Turner Sr.), OCCUPATION (Physical Therapist), RESIDENCE-STATE (Indiana), COUNTY (Lake), CITY/TOWN (Gary), STREET AND NUMBER (1527 Tennessee Street), ZIP CODE (46407), CITIZEN OF (USA), RACE (Black), EDUCATION (12th), FATHER'S NAME (John Gardner), MOTHER'S NAME (Dora Prentiss), INFORMANT'S NAME (Alfreda Turner), MAILING ADDRESS (1527 Tennessee Street Gary, Indiana 46407), RELATIONSHIP (Daughter), METHOD OF DISPOSITION (Burial), DATE AND PLACE OF DISPOSITION (December 5, 1996 Evergreen Cemetery), LOCATION (Hobart, Indiana), EMBALMER'S NAME (Rosenwald D. Allen Jr.), LICENSE NO (#29400047), FUNERAL HOME (Guy & Allen Funeral Directors, Inc), SIGNATURE OF FUNERAL DIRECTOR, IMMEDIATE CAUSE OF DEATH (Cardiorespiratory Arrest, End Stage Amyotrophic Lateral Sclerosis), PART II (Other significant conditions), CERTIFIER (George F. Abgale, M.D.), MEDICAL LICENSE NO (#10138300), DATE SIGNED (12/6/96), NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (George F. Abgale, M.D., 9120 Connecticut Dr. Merrillville, IN. 46410), HEALTH OFFICER'S SIGNATURE, MANNER OF DEATH (Natural), DATE OF INJURY, TIME OF INJURY, INJURY AT WORK?, DESCRIBE HOW INJURY OCCURRED, DATE PRONOUNCED DEAD, MOTOR VEHICLE ACCIDENT? (No)

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

Key # 42-175-16

FILED

DEC 05 1997

SANITARIAN LAKELAND COUNTY

INDIANA DEPARTMENT OF HEALTH RECORDS

PH 12:31

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