

*ATTENTION STATE: 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.

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No.

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

44136
TYPE/PRINT
IN
PERMANENT
BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

1. DECEASED—NAME (First, Middle, Last) Walter L. Sherman		2. SEX Male	3a. TIME OF DEATH 10:47 P M	3b. DATE OF DEATH (Month, Day, Yr.) July 06, 1997
4. SOCIAL SECURITY NUMBER 311-32-2309	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 03, 1934
7. BIRTHPLACE (City and State or Foreign Country) Augusta, Arkansas	8a. WAS DECEDENT A U.S. VETERAN? Yes	8b. YEAR LAST SERVED IN U.S. ARMED FORCES?	9a. PLACE OF DEATH (Check only one. See instructions.) HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER: <input type="checkbox"/> Nursing Home <input checked="" type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence	
9b. FACILITY NAME (If not institution, give street and number) Methodist Southlake		9c. CITY, TOWN, OR LOCATION OF DEATH Merrillville	9d. COUNTY OF DEATH	
10. MARITAL STATUS (Specify) Married	11. SURVIVING SPOUSE (If wife, give maiden name) Catherine Matthews	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Nozzle Setter	12b. KIND OF BUSINESS/INDUSTRY LTV Steel	
13a. RESIDENCE—STATE Indiana	13b. COUNTY Lake	13c. CITY, TOWN, OR LOCATION Merrillville	13d. STREET AND NUMBER 1451 Orchard Drive	
13a. ZIP CODE 46410	13i. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	14. CITIZEN OF WHAT COUNTRY? U.S.A.	15. WAS DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc.)	16. RACE—American Indian, Black, White, etc. (Specify) Afro-American
17. DECEDENT'S EDUCATION (Specify only highest grade completed) 11	17g. ON A FARM? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
18. FATHER'S NAME (First, Middle, Last) Reuben Paige		19. MOTHER'S NAME (First, Middle, Maiden Surname) Ruth Washington		
20a. INFORMANT'S NAME (Type/Print) Catherine Sherman		20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 1451 Orchard Drive Merrillville, Indiana 46410		20c. Relationship
21a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) July 11, 1997 Evergreen Memorial Park		21c. LOCATION—City or Town, State Hobart, Indiana
22a. EMBALMER'S NAME Sherman Banks III		22b. EMBALMER'S LICENSE NO. FDO 1016254		23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
24a. SIGNATURE OF FUNERAL DIRECTOR <i>Sherman Banks III</i>		24b. LICENSE NUMBER (of Licensee) FDO 1016254	25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Smith Bizzell & Warner Funeral Home, FH19600034 4209 Grant St, Gary, IN, 46408	
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.				
IMMEDIATE CAUSE (Final disease or condition resulting in death) Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last		a. <i>Cardiorespiratory Arrest</i> DUE TO (OR AS A CONSEQUENCE OF): b. <i>Metastatic Adeno Carcinoma - Lungs</i> DUE TO (OR AS A CONSEQUENCE OF): c. _____ DUE TO (OR AS A CONSEQUENCE OF): d. _____ DUE TO (OR AS A CONSEQUENCE OF):		
PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I.				
27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or No) 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) NO
29a. CERTIFIER (Check only one) <input type="checkbox"/> CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated. <input type="checkbox"/> 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. <input checked="" type="checkbox"/> 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 <i>Walter Cannon MD</i>		29c. MEDICAL LICENSE NO. 01037499	29d. DATE SIGNED (Month, Day, Year) 7/18/97	
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Dr. Idah Cannon 1119 West 5th Avenue Gary, Indiana 46404				
31. HEALTH OFFICER <i>Alexander S. Sullivan MD</i>				
33. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Homicide		34a. DATE OF INJURY (Month, Day, Year) DEC 15 1997	34b. TIME OF INJURY	34c. INJURY AT WORK (Yes or no)
34d. DATE PRONOUNCED DEAD (Month, Day, Year)		34e. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) STOR LAKE COUNTY		
34f. DATE FILED (Month, Day, Year) July 19, 1997		34g. LOCATION (Street and Number or Rural Route Number, City or Town, State) Merrillville, Indiana		
34h. MOTOR VEHICLE ACCIDENT (Yes or no) If yes specify driver, passenger, pedestrian, etc. <i>Alexander S. Sullivan MD</i> LAKE COUNTY HEALTH COMMISSIONER				

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KEY #15-277-36
Meadowdale Sub not 36 Block

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MORRIS W. CARTER
REC'D
DEC 15 AM 11:11

STATE OF INDIANA
LAKE COUNTY
FILED FOR REC'D

COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPT.

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