

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.

# INDIANA STATE DEPARTMENT OF HEALTH

## CERTIFICATE OF DEATH

State No. INDIANA  
County STARBUCK

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-10-3

TYPE/PRINT  
IN  
PERMANENT  
BLACK INK

1. DECEASED—NAME (First, Middle, Last) Walter W. Brown		2. SEX Male		3a. TIME OF DEATH 6:30 P.M.		3b. DATE OF DEATH (Month, Day, Yr.) June 14, 1997	
4. SOCIAL SECURITY NUMBER 309-22-7693		5a. AGE—Last Birthday (Years) 74		5b. UNDER 1 YEAR Months: _____ Days: _____		5c. UNDER 1 DAY Hours: _____ Minutes: _____	
6. DATE OF BIRTH (Mo., Day, Yr.) July 24, 1922		7. BIRTHPLACE (City and State or Foreign Country) Erwin, Mississippi		8. PLACE OF DEATH (Check only one. See instructions.) HOSPITAL: <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DCA OTHER: <input type="checkbox"/> Nursing Home <input type="checkbox"/> Residence			
9a. WAS DECEDENT A U.S. VETERAN? No		9b. YEAR LAST SERVED IN U.S. ARMED FORCES?		9c. CITY, TOWN, OR LOCATION OF DEATH Gary			
9d. FACILITY NAME (If not institution, give street and number) Gary Methodist Northlake		9e. CITY, TOWN, OR LOCATION OF DEATH Gary		9f. COUNTY OF DEATH Lake			
10. MARITAL STATUS (Specify) Married		11. SURVIVING SPOUSE (If wife, give maiden name) Geneva Plum		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Chipper		12b. KIND OF BUSINESS/INDUSTRY U. S. Steel	
13a. RESIDENCE—STATE Indiana		13b. COUNTY Lake		13c. CITY, TOWN, OR LOCATION Gary		13d. STREET AND NUMBER 4073 Buchanan Street	
13e. ZIP CODE 46408		13f. 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) Elementary/Secondary (0-12) 9		17. DECEDENT'S EDUCATION (Specify only highest grade completed) College (1-4 or 5+)			
18. FATHER'S NAME (First, Middle, Last) Washington Brown				19. MOTHER'S NAME (First, Middle, Maiden Surname) Bessie Kingdom			
20a. INFORMANT'S NAME (Type/Print) Geneva Brown		20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 4073 Buchanan St. Gary, IN 46408-2533		20c. Relationship Wife			
21a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Entombment <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from Site <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) June 21, 1997 Oak Hill Memorial Park		21c. LOCATION—City or Town, State Gary, 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) a. <u>acute cardiorespiratory arrest</u> b. <u>cardiomyopathy</u> c. _____ d. _____ Cond/Wass, if any, which gave rise to the immediate cause, stating the underlying cause last		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)	
26. PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I. <u>Hypertensive Cardiovascular disease</u>		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)	
29a. CERTIFIER (Check only one) <input checked="" type="checkbox"/> <b>ATTENDING PHYSICIAN</b> 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"/> <b>HEALTH OFFICER</b> 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 type="checkbox"/> <b>CORONER</b> 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>W. D. Dove</i>		29c. MEDICAL LICENSE NO. 01026051		29d. DATE SIGNED (Month, Day, Year) 6/25/97	
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Dr. V. Dove, M.D. 3229 Broadway Gary, IN 46408		31. HEALTH OFFICER'S SIGNATURE <i>W. D. Dove M.D. M.P.H.</i>		32. DATE FILED (Month, Day, Year) JUN 30 1997			
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)		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) DEC 15 1997		34f. LOCATION (Street and Number or Rural Route Number, City or Town, State)			
35. DATE PRONOUNCED DEAD (Month, Day, Year)		36. MOTOR VEHICLE ACCIDENT (Yes or No) (If yes specify driver, passenger, pedestrian, etc.) Starbuck County					

# 46-198-4  
# 46-149-19  
# 46-123-10  
# 46-123-10

FILED

DEC 15 1997