

* 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.

1000 INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Local No. 95-0861

State No.

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

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

PARENTS

INFORMANT

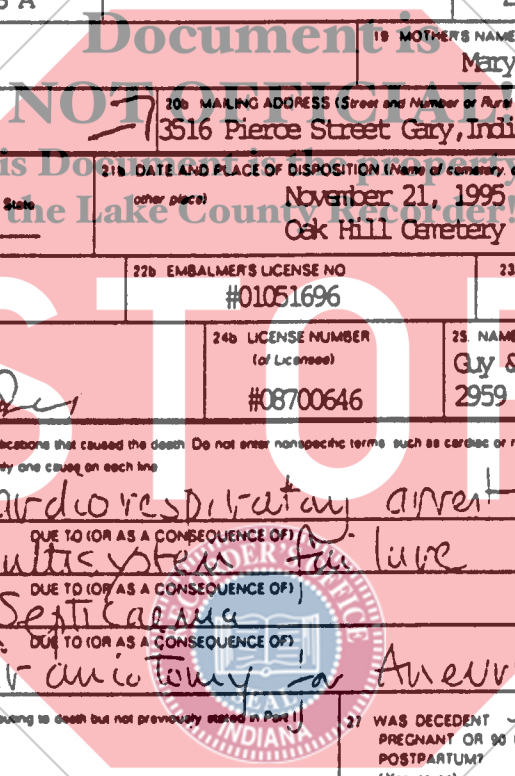
DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

Form with fields for: 1 DECEASED-NAME (Beatrice T. Harris), 2 SEX (Female), 3a TIME OF DEATH (5:07 A.), 3b DATE OF DEATH (November 15, 1995), 4 SOCIAL SECURITY NUMBER (304-34-4702), 5a AGE (59), 6 DATE OF BIRTH (December 29, 1935), 7 BIRTHPLACE (Gary, Indiana), 8a WAS DECEDENT A U.S. VETERAN? (No), 8b YEAR LAST SERVED IN U.S. ARMED FORCES? (N/A), 9a PLACE OF DEATH (Methodist Hospital Northlake), 9b FACILITY NAME, 9c CITY TOWN OR LOCATION OF DEATH (Gary), 9d COUNTY OF DEATH (Lake), 10 MARITAL STATUS (Never Married), 11 SURVIVING SPOUSE (N/A), 12a DECEDENT'S USUAL OCCUPATION (Teacher), 12b KIND OF BUSINESS/INDUSTRY (Gary Community School Corp.), 13a RESIDENCE-STATE (Indiana), 13b COUNTY (Lake), 13c CITY TOWN OR LOCATION (Gary), 13d STREET AND NUMBER (1988 Madison Street), 13e ZIP CODE (46407), 14 CITIZEN OF WHAT COUNTRY? (USA), 15 WAS DECEDENT OF HISPANIC ORIGIN? (No), 16 RACE (Black), 17 DECEDENT'S EDUCATION (6 Years), 18 FATHER'S NAME (Joe R. Harris), 19 MOTHER'S NAME (Mary Glass), 20a INFORMANT'S NAME (Loretta Millette), 20b MAILING ADDRESS (3516 Pierce Street Gary, Indiana 46408), 20c Relationship (Sister), 21a METHOD OF DISPOSITION (Burial), 21b DATE AND PLACE OF DISPOSITION (November 21, 1995 Oak Hill Cemetery), 21c LOCATION (Gary, Indiana), 22a EMBALMER'S NAME (Roosevelt Allen Sr.), 22b EMBALMER'S LICENSE NO (#01051696), 23 WAS DEATH REPORTED TO CORONER? (Yes), 24a SIGNATURE OF EMBALMER DIRECTOR (Roosevelt Allen Sr.), 24b LICENSE NUMBER (#08700646), 25 NAME ADDRESS AND LICENSE NUMBER OF FUNERAL HOME (Guy & Allen Funeral Directors, Inc., 2959 West 11th Avenue Gary, Indiana 46404), 26 PART I: Enter the diseases, injuries, or complications that caused the death. (Cardiorespiratory arrest, Multi-system failure, Septicemia, Craniotomy w/ Aneurysm), 27 WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (No), 28a WAS AN AUTOPSY PERFORMED? (No), 28b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (No), 29a CERTIFIER (Anthony A. Anigbo, MD), 29b MEDICAL LICENSE NO (01031587), 29c DATE SIGNED (11/21/95), 30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Anthony A. Anigbo, MD, FACS, 6111 Harrison St., #252 Merrillville, IN 46410), 31 HEALTH OFFICER'S SIGNATURE (Roosevelt Allen Sr.), 32 DATE FILED (NOV 27 1995), 33 MANNER OF DEATH (Natural), 34a DATE OF INJURY, 34b TIME OF INJURY, 34c INJURY AT WORK OR WHILE ENGAGED IN A DUTY OR PASTIME? (No), 34d PLACE OF INJURY, 34e LOCATION, 34g DATE PRONOUNCED DEAD, 34h MOTOR VEHICLE ACCIDENT? (No).



un: #25 Key # 46-135-5 Oak Park Add kot 5 Block 7

FILED SAM CBLICH 001391 900 PEN #5