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\* 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

Local No. 97-616

State No. ....

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

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

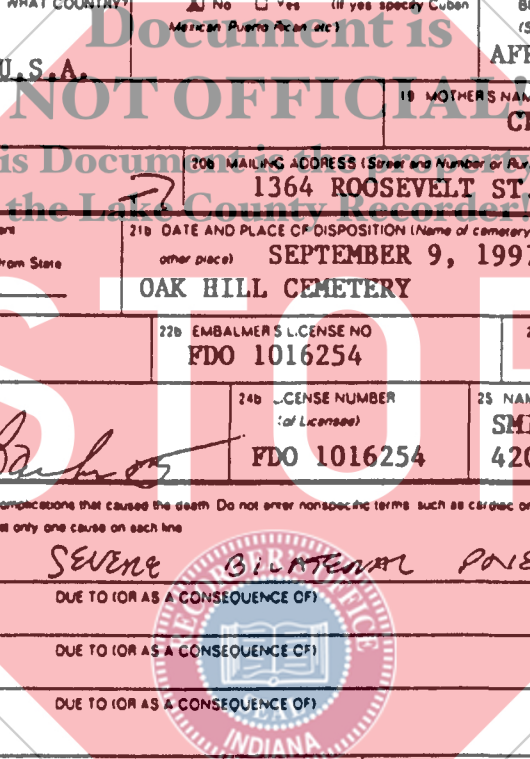
CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

1 DECEASED—NAME (First Middle Last) <b>VERGIN MARY LAWSON</b>		2 SEX <b>FEMALE</b>	3a TIME OF DEATH <b>11:55 P.M.</b>	3b DATE OF DEATH (Month Day Year) <b>SEPTEMBER 4, 1997</b>	
4 *SOCIAL SECURITY NUMBER <b>309-22-7844</b>	5a AGE—Last Birthday (Years) <b>90</b>	5b UNDER 1 YEAR Months Days	5c UNDER 1 DAY Hours Minutes	6 DATE OF BIRTH (Month Day Year) <b>AUGUST 10, 1907</b>	
7 BIRTHPLACE (City and State or Foreign Country) <b>ROCKY HILL, KENTUCKY</b>	8a WAS DECEDENT A U.S. VETERAN? <b>NO</b>	8b YEAR LAST SERVED IN U.S. ARMED FORCES?	9a PLACE OF DEATH (Check only and See instructions) HOSPITAL <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <b>W</b> <input type="checkbox"/> Residence		
9b FACILITY NAME (If not institution give street and number) <b>METHODIST HOSPITAL NORTHLAKE</b>		9c CITY TOWN OR LOCATION OF DEATH <b>GARY</b>	9d COUNTY OF DEATH <b>LAKE</b>		
10 MARITAL STATUS (Specify) <b>WIDOWED</b>	11 SURVIVING SPOUSE (If wife give maiden name)	12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) <b>HOUSEWIFE/MATRON</b>		12b KIND OF BUSINESS/INDUSTRY <b>HOME/GARY COMM. SCHOOL</b>	
13a RESIDENCE—STATE <b>INDIANA</b>	13b COUNTY <b>LAKE</b>	13c CITY TOWN OR LOCATION <b>GARY</b>	13d STREET AND NUMBER <b>1364 ROOSEVELT STREET</b>		
13e ZIP CODE <b>46404</b>	13f INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes 13g ON A FARM? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	14 CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	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) <b>AFRO-AMERICAN</b>	
17 DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (8-12) <b>5</b> College (1-4 or 5 + 1)		18 FATHER'S NAME (First Middle Last) <b>SYLVESTER PIPER</b>			
19 MOTHER'S NAME (First Middle Maiden Surname) <b>CLITIE LEWIS</b>			20a INFORMANT'S NAME (Type/Print) <b>JERRY LAWSON</b>		
20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) <b>1364 ROOSEVELT ST. GARY, IN 46404</b>		20c Relationship <b>SON</b>			
21a METHOD OF DISPOSITION <input type="checkbox"/> Entombment <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) <b>SEPTEMBER 9, 1997 OAK HILL CEMETERY</b>		21c LOCATION—City or Town, State <b>GARY, INDIANA</b>	
22a EMBALMER'S NAME <b>SHERMAN BANKS III</b>		22b EMBALMER'S LICENSE NO. <b>FDO 1016254</b>		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) <b>FDO 1016254</b>	25 NAME, ADDRESS AND LICENSE NUMBER OF FUNERAL HOME <b>SMITH BIZZELL &amp; WARNER FUNERAL HOME 4209 GRANT STREET, GARY, IN 46408 FH1960003/</b>		
26 PART I: Enter the disease, 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. <b>SEVERE BILATERAL PNEUMONIA</b> DUE TO (OR AS A CONSEQUENCE OF) DUE TO (OR AS A CONSEQUENCE OF) DUE TO (OR AS A CONSEQUENCE OF)					
26 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) <b>NO</b>		28a WAS AN AUTOPSY PERFORMED? (Yes or no) <b>NO</b>		28b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or 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 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>[Signature]</i>			29c MEDICAL LICENSE NO. <b>1042994</b>	29d DATE SIGNED (Month Day Year) <b>SEP 11 1997</b>	
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) <b>DR. A. IZAH, 1619 WEST 5TH AVENUE, GARY, IN 46402-2886-4788</b>					
31 HEALTH OFFICER'S SIGNATURE <i>[Signature]</i>				32 DATE FILED (Month Day Year) <b>SEP 22 1997</b>	
33 MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending investigation <input type="checkbox"/> Accident <input type="checkbox"/> Could not be determined <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide		34a DATE OF INJURY (Month Day Year)	34b TIME OF INJURY	34c INJURY AT WORK? (Yes or no) <b>NO</b>	34d DESCRIBE HOW INJURY OCCURRED <b>SAW CRACK HIDTOR LAKE CO. 001935</b>
34e PLACE OF INJURY—At home, farm, street, factory, office, building, etc. (Specify) <b>SAW CRACK HIDTOR LAKE CO. 001935</b>		34f DO NOTATION (Street and Number or Rural Route Number, City or Town, State)			
34g DATE PRONOUNCED DEAD (Month Day Year)		34h MOTOR VEHICLE ACCIDENT? (Yes or no) If yes specify driver, passenger, pedestrian, etc.			

u.n. #725  
Key # 45-29-2  
Henke's Add hot 2



*[Handwritten initials]*