

12CC

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No.

* ATTENTION EST: 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.

Local No. **93-0380**

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

TYPE/PRINT
IN
PERMANENT
BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICE

1. DECEASED—NAME (First, Middle, Last) Elwood Hopkins		2. SEX Male	3a. TIME OF DEATH 12:32 P.M.	3b. DATE OF DEATH (Month, Day, Year) May 15, 1998
4. SOCIAL SECURITY NUMBER 308-32-3706	5a. AGE—Last Birthday (Years) 61	5b. UNDER 1 YEAR Months: _____ Days: _____	5c. UNDER 1 DAY Hours: _____ Minutes: _____	6. DATE OF BIRTH (Mo., Day, Yr) July 14, 1936
7. BIRTHPLACE (City and State or Foreign Country) Gary, Indiana	8. PLACE OF DEATH (Check only one. See instructions) <input type="checkbox"/> HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> OOA <input type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) _____ <input type="checkbox"/> Residence			
9a. WAS DECEDENT A U.S. VETERAN? No	9b. YEAR LAST SERVED IN U.S. ARMED FORCES? N/A	9c. CITY, TOWN, OR LOCATION OF DEATH Gary		
10. FACILITY NAME (If not institution, give street and number) 585 McKinley Street		9d. CITY, TOWN, OR LOCATION OF DEATH Gary		9e. COUNTY OF DEATH Lake
10. MARITAL STATUS Married	11. SURVIVING SPOUSE (If wife, give maiden name) Lillian F. Jenkins	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Pressman	12b. KIND OF BUSINESS/INDUSTRY Budd Company	
13a. RESIDENCE—STATE Indiana	13b. COUNTY Lake	13c. CITY, TOWN, OR LOCATION Gary	13d. STREET AND NUMBER 585 McKinley Street	
14a. ZIP CODE 46404	14b. INSIDE CITY LIMITS <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	14c. 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) Black
17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 11th College (1-4 or 5+)		18. FATHER'S NAME (First, Middle, Last) Milton Hopkins		
19. MOTHER'S NAME (First, Middle, Maiden Surname) Edna Porter		20. INFORMANT'S NAME (Type/Print) Lillian F. Hopkins		
21. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 585 McKinley Street Gary, Indiana 46404		22. RELATIONSHIP Wife		
23. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Entombment <input type="checkbox"/> Removal from State <input type="checkbox"/> Other (Specify) _____		24. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) May 19, 1998 Oak Hill Cemetery		25. LOCATION—City or Town, State Gary, Indiana
26. EMBALMER'S NAME Rosenwald D. Allen Jr.		27. EMBALMER'S LICENSE NO. #29400047	28. WAS DEATH REPORTED TO CORONER? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	
29. SIGNATURE OF FUNERAL DIRECTOR 		30. LICENSE NUMBER (of Licensee) #08700298	31. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME 83007704 Guy & Allen Funeral Directors, Inc 2959 W. 11th Avenue Gary, Indiana 46404	

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.

DATE CAUSE OF DEATH: _____

1. **Laceration of the brain**
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2. **Due to a gunshot wound**
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