

Lee

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

Local No. 99-0183 CERTIFICATE OF DEATH State No. STATE OF INDIANA

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

TYPE/PRINT IN PERMANENT BLACK INK

1. DECEASED--NAME (First, Middle, Last) Audrey Mae Jenkins
2. SEX Female
3b. DATE OF DEATH (Month, Day, Yr) March 04, 1999
4. SOCIAL SECURITY NUMBER 320-24-7726
5a. AGE--Last Birthday (Years) 75
5b. UNDER 1 YEAR Months Days
5c. UNDER 1 DAY Hours Minutes
6. DATE OF BIRTH (Mo, Day, Yr) April 25, 1923
7. BIRTHPLACE (City and State or Foreign Country) Gary, Ind.
8a. WAS DECEDENT A U.S. VETERAN? No
8b. YEAR LAST SERVED IN U.S. ARMED FORCES 1950-1952

DECEDENT

9b. FACILITY NAME (If not institution, give street and number) Gary Methodist Northlake
9c. CITY, TOWN, OR LOCATION OF DEATH Gary
9d. COUNTY OF DEATH Lake
10. MARITAL STATUS (Specify) Married
11. SURVIVING SPOUSE (If wife, give maiden name) Chelsie Jenkins
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Barber
12b. KIND OF BUSINESS/INDUSTRY (Specify) Play Boy Barber Shop

PARENTS

13a. RESIDENCE--STATE IN
13b. COUNTY Lake
13c. CITY, TOWN, OR LOCATION Hammond
13d. STREET AND NUMBER 5936 Birch Avenue
13e. ZIP CODE 46320
13f. INSIDE CITY LIMITS No
14. CITIZEN OF WHAT COUNTRY? USA
15. WAS DECEDENT OF HISPANIC ORIGIN? No
16. RACE--American Indian, Black, White, etc. (Specify) Black
17. DECEDENT'S EDUCATION (Specify only highest grade completed) 12

INFORMANT

18. FATHER'S NAME (First, Middle, Last) George Jefferson
19. MOTHER'S NAME (First, Middle, Maiden Surname) Lavina Taborn
20a. INFORMANT'S NAME (Type/Print) Chelsia Jenkins
20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 5936 Birch Avenue Hammond, IN 46320
20c. Relationship Husband

DISPOSITION

21a. METHOD OF DISPOSITION Burial
21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) March 09, 1999 Evergreen Cemetery
21c. LOCATION--City or Town, State Hobart, IN
22a. EMBALMER'S NAME Sherman G. Banks III
22b. EMBALMER'S LICENSE NO. FDO 1016254
23. WAS DEATH REPORTED TO CORONER? No

CAUSE OF DEATH

24a. SIGNATURE OF FUNERAL DIRECTOR Sherman G. Banks III
24b. LICENSE NUMBER (of Licensee) FDO 1016254
25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Smith Bizzell & Warner Funeral Home, FHI19600034 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.
a. RENAL FAILURE, BREAST CANCER
b. 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

CERTIFIER

29a. CERTIFIER (Check only one) CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated.
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.
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 S. L. Evans
29c. MEDICAL LICENSE NO. 01042994
29d. DATE SIGNED (Month, Day, Year) 030999

HEALTH OFFICER

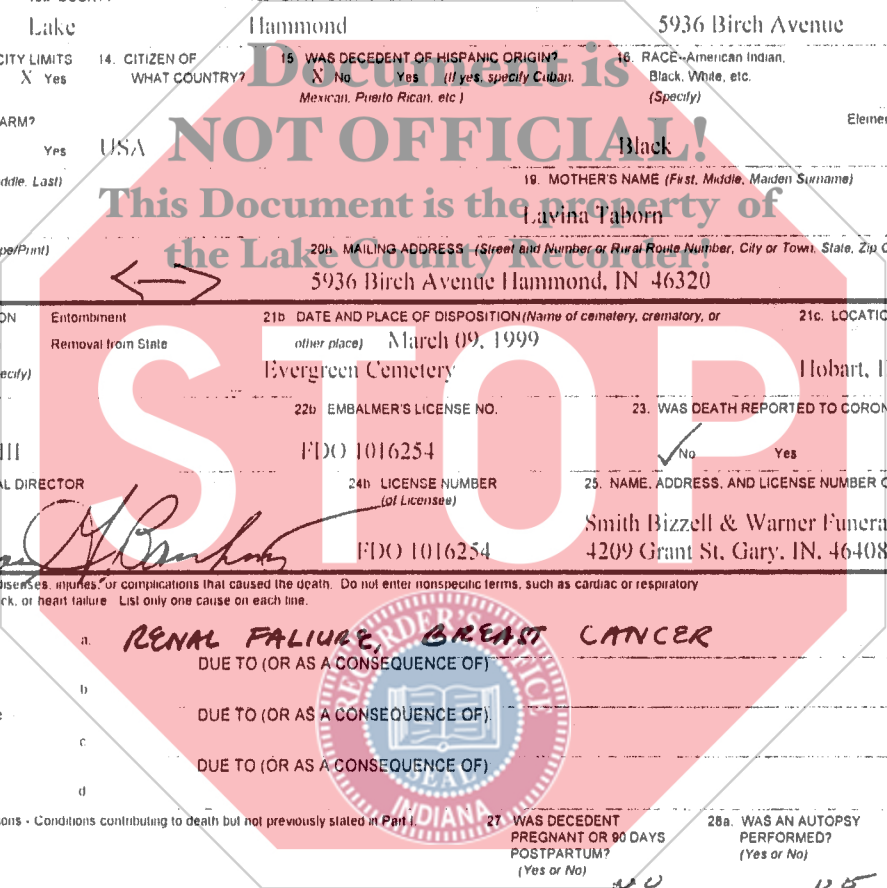
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Dr. Izah 1619 West 5th Ave Gary, Indiana 886-4788.
31. HEALTH OFFICER'S SIGNATURE [Signature]

33. MANNER OF DEATH Natural, Pending Investigation, Accident, Suicide, 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, other building, etc. (Specify)
34f. DATE AND TIME OF INJURY APR 06 1999
34g. DATE PRONOUNCED DEAD (Month, Day, Year)
34h. MOTOR VEHICLE ACCIDENT (Yes or No)
34i. If yes, specify driver, passenger, pedestrian, etc.
32. DATE FILED (Month, Day, Year) MAR 11 1999

FILED

PETER BENJAMIN LAKE COUNTY AUDITOR

Unit # 26 Key # 36-143-40 Standard Add hots 40,41+42



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