

6CC + 3 Free VETS

Key No. 25-46-469-38 & 40

\* ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pursue its statutory responsibility. Disclosure is voluntary and there is no penalty for refusal.

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH STATE OF INDIANA LAKE COUNTY

Local No. 99-0583

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

TYPE/PRINT IN PERMANENT BLACK INK

Form with fields for DECEASED-NAME (Willie M. Jack), SEX (Male), TIME OF DEATH (5:30 AM), DATE OF DEATH (August 17, 1999), SOCIAL SECURITY NUMBER (427-32-2883), AGE (73), BIRTH DATE (July 10, 1926), BIRTH PLACE (DeKalb, Mississippi), FACILITY NAME (1558 Cleveland Street), SURVIVING SPOUSE (Dorothy Williams), RESIDENCE-STATE (Indiana), COUNTY (Lake), CITY/TOWN/LOCATION (Gary), STREET AND NUMBER (1558 Cleveland Street), ZIP CODE (46404), FATHER'S NAME (Willis Jean Jack), MOTHER'S NAME (Imogene Curry), INFORMANT'S NAME (Dorothy J. Jack), MAILING ADDRESS (1558 Cleveland Street Gary, Indiana 46404), METHOD OF DISPOSITION (Burial), DATE AND PLACE OF DISPOSITION (August 20, 1999, Fern Oak Cemetery), LOCATION (Griffith, Indiana), EMBALMER'S NAME (Patrician Owens), LICENSE NUMBER (#08700298), FUNERAL HOME (Guy & Allen Funeral Directors, Inc), IMMEDIATE CAUSE (HYPOTENSION AND APNEA), UNDERLYING CAUSE (MULTIPLE MYELOMA), PART II (Diabetes Mellitus), CERTIFIER (Dr. N. Gupta), HEALTH OFFICER (Dr. N. Gupta), MANNER OF DEATH (Natural), DATE OF INJURY, TIME OF INJURY, INJURY AT WORK, PLACE OF INJURY, LOCATION, DATE PRONOUNCED DEAD, MOTOR VEHICLE ACCIDENT.

DECEDENT

PARENTS

INFORMANT

DISPOSITION

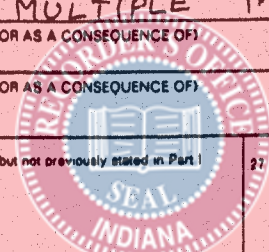
CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

99-0583-3333

Document is NOT OFFICIAL the Lake County Recorder!



FILED OCT 08 1999 PETER BENJAMIN LAKE COUNTY AUDITOR

9.00 P.P. CS