8CC

* **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

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORDING

CERTIFICATE OF DEATH

Local No. 2035-99 State No. .....

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-13-3

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

1. DECEASED—NAME (First, Middle, Last): Bennie Louise Butler — 99085830
2. SEX: Female
3. TIME OF DEATH: 9:50p
4. DATE OF DEATH (Month, Day, Yr.): August 19, 1999
5. *SOCIAL SECURITY NUMBER: 312-18-9905
5a. AGE—Last Birthday (Years): 77
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Mo. Day, Yr.): MORRIS W. CARTER RECORDER — March 12, 1922
7. BIRTHPLACE (City and State or Foreign Country): Memphis, Tennessee
8a. WAS DECEDENT A U.S. VETERAN?: No
8b. YEAR LAST SERVED IN U.S. ARMED FORCES?: N/A
9a. PLACE OF DEATH (Check only one. See instructions): HOSPITAL XX Inpatient; ☐ ER/Outpatient; ☐ DOA — OTHER ☐ Nursing Home ☐ Other (Specify) ☐ Residence
9b. FACILITY NAME (If not institution, give street and number): Methodist Hospital Southlake
9c. CITY, TOWN, OR LOCATION OF DEATH: Merrillville
9d. COUNTY OF DEATH: Lake
10. MARITAL STATUS (Specify): Married
11. SURVIVING SPOUSE (If wife, give maiden name): James Butler Jr.
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Cook
12b. KIND OF BUSINESS/INDUSTRY: Gary Comunity School Cor
13a. RESIDENCE—STATE: Indiana
13b. COUNTY: Lake
13c. CITY, TOWN, OR LOCATION: Gary
13d. STREET AND NUMBER: 2040 Pennsylvania Street
13e. ZIP CODE: 46407
13f. INSIDE CITY LIMITS? ☐ No XX Yes
13g. ON A FARM? XX No ☐ Yes
14. CITIZEN OF WHAT COUNTRY?: U.S.A.
15. WAS DECEDENT OF HISPANIC ORIGIN? XX No ☐ 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): 12th; College (1-4 or 5+):

PARENTS

18. FATHER'S NAME (First, Middle, Last): John Blackburn
19. MOTHER'S NAME (First, Middle, Maiden Surname): Sarah Rose

INFORMANT

20a. INFORMANT'S NAME (Type/Print): James Butler Jr.
20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 2040 Pennsylvania St. Gary, IN 46404
20c. Relationship: Husband

DISPOSITION

21a. METHOD OF DISPOSITION: XX Burial ☐ Cremation ☐ Entombment ☐ Removal from State ☐ Donation ☐ Other (Specify)
21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): August 26, 1999 Oak Hill Cemetery
21c. LOCATION—City or Town, State: Gary, IN
22a. EMBALMER'S NAME: Roosevelt Allen Sr.
22b. EMBALMER'S LICENSE NO: 01051696
23. WAS DEATH REPORTED TO CORONER? XX No ☐ Yes
24a. SIGNATURE OF FUNERAL DIRECTOR:
24b. LICENSE NUMBER (of Licensee): #08700298
25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME: 83007704 Guy & Allen Funeral Directors Inc. 2959 W. 11th Avenue Gary, In 46404

CAUSE OF DEATH

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.

IMMEDIATE CAUSE (Final disease or condition resulting in death):
a. Carcinoma of Unknown Primary
DUE TO (OR AS A CONSEQUENCE OF):
b. Cardiac Arrhythmia
DUE TO (OR AS A CONSEQUENCE OF):
c. Deep Venous Thrombosis
DUE TO (OR AS A CONSEQUENCE OF):
d. Arteriosclerotic Cardiovascular Heart Disease

Approximate Interval Between Onset and Death

FILED OCT 15 1999 PETER BENJAMIN LAKE COUNTY AUDITOR

Conditions if any which gave rise to the immediate cause stating the underlying cause last.

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): XX 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: X
29c. MEDICAL LICENSE NO: 01036654
29d. DATE SIGNED (Month, Day, Year): 08 28 99

HEALTH OFFICER

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print): Adolphus A. Anekwe, M.D. 3195 Broadway Gary, IN 46409
31. HEALTH OFFICER'S SIGNATURE: Alexander S. Hilkina MD
32. DATE FILED (Month, Day, Year): Sept 9 1999

THE CERTIFICATE OF DEATH IS NOW ON FILE WITH THE LAKE COUNTY HEALTH DEPT.

33. MANNER OF DEATH: ☐ Natural ☐ Pending Investigation ☐ Accident ☐ Suicide ☐ Could not be Determined ☐ 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, office building, etc. (Specify):
34f. LOCATION (Street and Number or Rural Route Number, City or Town, State):
34g. DATE PRONOUNCED DEAD (Month, Day, Year): SEP 09 1999
34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.:

Alexander S. Hilkina MD 9-8-99
LAKE COUNTY HEALTH COMMISSIONER 3680

SDH06-004 State Form 10110 (R4/3-93) Deathcer/PD 1