

\* 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

Charlie Kay  
2424 Taney Place  
Gary, In. 46404

Local No. .... 30 .....

State No. ....

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) <b>Johnnie M. Williams</b>				2 SEX <b>Female</b>	3a TIME OF DEATH <b>12:45 P M</b>	3b DATE OF DEATH (Month, Day, Yr) <b>January 29, 1999</b>	
4 *SOCIAL SECURITY NUMBER <b>422-74-9173</b>		5a AGE—Last Birthday (Years) <b>47</b>	5b UNDER 1 YEAR Months Days	5c UNDER 1 DAY Hours Minutes	6 DATE OF BIRTH (Mo, Day, Yr) <b>Feb. 16, 1951</b>	7 BIRTHPLACE (City and State or Foreign Country) <b>Spring Hill, Alabama</b>	
8a WAS DECEDENT A U.S. VETERAN? <b>No</b>	8b YEAR LAST SERVED IN U.S. ARMED FORCES? <b>N/A</b>	9a PLACE OF DEATH (Check only one) (See instructions) HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA		OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Residence <input type="checkbox"/> Other (Specify)			
9b FACILITY NAME (If not institution, give street and number) <b>St. Catherine Hospital</b>				9c CITY, TOWN OR LOCATION OF DEATH <b>East Chicago</b>	9d COUNTY OF DEATH <b>Lake</b>		
10 MARITAL STATUS (Specify) <b>Divorced</b>	11 SURVIVING SPOUSE (If wife, give maiden name) <b>N/A</b>	12a DECEASED'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) <b>Selector</b>		12b KIND OF BUSINESS/INDUSTRY <b>Ball Foster Glass</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>2424 Taney Place</b>			
13e ZIP CODE <b>46404</b>	13f INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	14 CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	15 WAS DECEDENT OF HISPANIC ORIGIN? <input type="checkbox"/> No <input type="checkbox"/> Yes (If yes specify Cuban, Mexican, Puerto Rican, etc.)	16 RACE—American Indian, Black, White, etc. (Specify) <b>Black</b>	17 DECEASED'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) <b>12th Grade</b> College (1-4 or 5 +)		
18 FATHER'S NAME (First Middle Last) <b>Johnny Banks, Sr.</b>			19 MOTHER'S NAME (First Middle Maiden Surname) <b>Thelma Brown</b>				
20a INFORMANT'S NAME (Type/Print) <b>Evelyn Banks</b>		20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) <b>4729 Larkspur East Chicago, Indiana 46312</b>			20c Relationship <b>Sister</b>		
21a METHOD OF DISPOSITION <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>February 5, 1999 Fern Oaks Cemetery</b>		21c LOCATION (City or Town, State) <b>Gary, Indiana</b>			
22a EMBALMER'S NAME <b>Tracy Cheri Williams</b>		22b EMBALMER'S LICENSE NO. <b>FD08600238</b>		23 WAS DEATH REPORTED TO CORONER? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes			
24a SIGNATURE OF FUNERAL DIRECTOR <i>Tracy Cheri Williams</i>		24b LICENSE NUMBER (of Licensee) <b>FD08600238</b>		25 NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME <b>Hinton-Williams Funeral Home 83001520 4859 Alexander Avenue East Chicago, Indiana 46312</b>			
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 <b>Vascular collapse</b> b <b>DUE TO (OR AS A CONSEQUENCE OF) Pending further study</b> c <b>DUE TO (OR AS A CONSEQUENCE OF)</b> d <b>DUE TO (OR AS A CONSEQUENCE OF)</b> PART II Other significant conditions - Conditions contributing to death but not previously stated in Part I						Approximate Interval Between Onset and Death <b>Unknown</b>	
27 WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) <b>No</b>				28 WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) <b>Yes</b>		<b>Pending</b>	
29a CERTIFIER (Check only one) <b>Deputy</b>		<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.			
29b SIGNATURE AND TITLE OF CERTIFIER <i>Deputy</i>		<input checked="" 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.		29c MEDICAL LICENSE NO. <b>N/A</b>		29d DATE SIGNED (Month, Day, Year) <b>February 2, 1999</b>	
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) <b>Donna Melyon, Deputy Coroner, 2293 North Main Street, Crown Point, Indiana 46307</b>							
31 HEALTH OFFICER'S SIGNATURE <i>Donna Melyon</i>					32 DATE FILED (Month, Day, Year) <b>2-5-99</b>		
33 MANNER OF DEATH <input type="checkbox"/> Natural <input checked="" type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Homicide		34a DATE OF INJURY (Month, Day, Year)	34b TIME OF INJURY	34c INJURY AT WORK? (Yes or no)	34d DESCRIBE HOW INJURY OCCURRED		
34a 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) <b>January 29, 1999</b>		34h MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.					

DECEDENT

PARENTS

INFORMANT

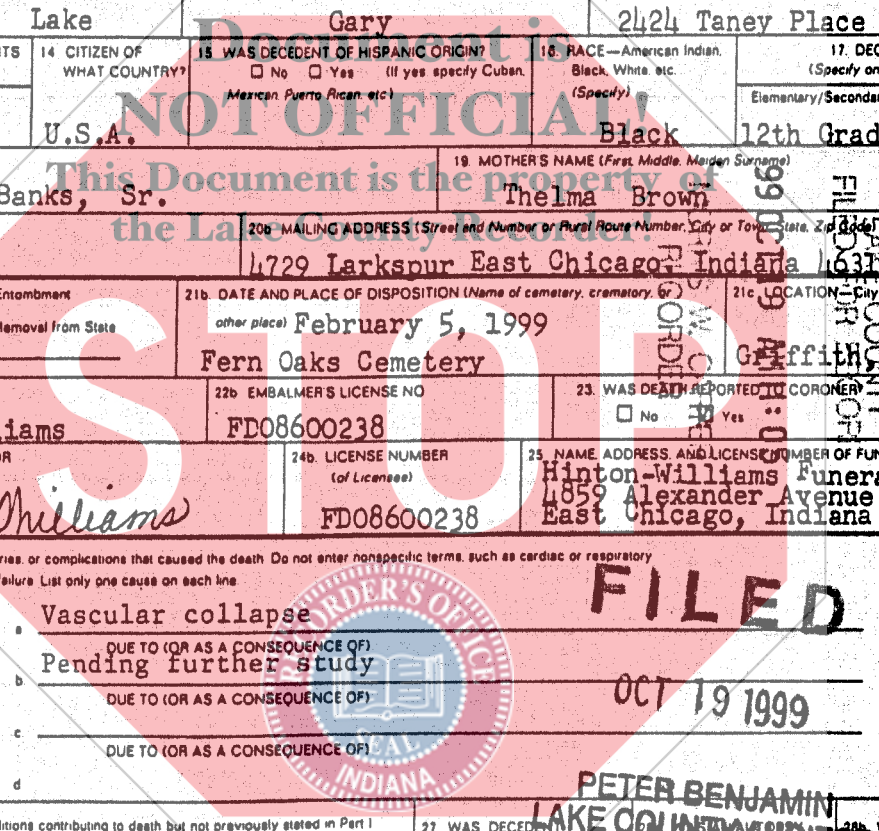
DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

un. # 25  
Key # 46-424-3  
Ridgemoor Real Estate Co's 2nd Addition  
All lots 6 to 10 Block 8



**FILED**  
**OCT 19 1999**

**PETER BENJAMIN**  
**LAKE COUNTY AUDITOR**

001204  
9:00 pm  
Cash