

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.

10CC + 3 Free Vets

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

STATE OF INDIANA
LAKE COUNTY
FILED FOR STATE

Local No. 98-0056

State No.

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-18.3

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

1 DECEASED—NAME (First, Middle, Last) Edwin Jack Spinks		2 SEX Male	3 TIME OF DEATH 6:05 A.M.	3a DATE OF DEATH (Month, Day, Year) January 22, 1998
4 SOCIAL SECURITY NUMBER 353-05-3215	5a AGE—Last Birthday (Years) 82	5b UNDER 1 YEAR Months Days	5c UNDER 1 DAY Hours Minutes	6 DATE OF BIRTH (Mo., Day, Year) March 10, 1915
7 BIRTHPLACE (City and State or Foreign Country) Starksville, Mississippi	8a WAS DECEDENT A U.S. VETERAN? Yes		8b YEAR LAST SERVED IN U.S. ARMED FORCES? 1946	
9a FACILITY NAME (If not institution, give street and number) Methodist Hospital Northlake		9b CITY, TOWN OR LOCATION OF DEATH Gary		9c COUNTY OF DEATH Lake
10 MARITAL STATUS Widowed	11 SURVIVING SPOUSE (If wife, give maiden name) N/A	12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Maintenance		12b KIND OF BUSINESS/INDUSTRY Ford Motor Corp.
13a RESIDENCE—STATE Indiana	13b COUNTY Lake	13c CITY, TOWN OR LOCATION Gary	13d STREET AND NUMBER 2049 Harrison Street	
13e ZIP CODE 46407	13f INSIDE CITY LIMITS <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	14 CITIZEN OF WHAT COUNTRY? USA	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) 8th		17 College (11-4 or 5+)		
18 FATHER'S NAME (First, Middle, Last) Bragg Spinks		19 MOTHER'S NAME (First, Middle, Maiden Surname) Edna Dickerson		
20a INFORMANT'S NAME (Type/Print) Jacqueline Spinks-Smith		20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2049 Harrison Street Gary, Indiana 46407		20c Relationship Daughter
21a METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Entombment <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) January 27, 1998 Ridgeland Cemetery		21c LOCATION—City or Town, State Gary, Indiana
22a EMBALMER'S NAME Rosenwald Allen Jr.		22b EMBALMER'S LICENSE NO. 29400047		23 WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
24a SIGNATURE OF FUNERAL DIRECTOR <i>Lillian Spinks</i>		24b LICENSE NUMBER (of Licensee) 08700646	25 NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Guy & Allen Funeral Directors, INC 83007704 2999 West 11th Avenue Gary, Indiana 46404	
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) HEPATIC & RESPIRATORY FAILURE. DUE TO (OR AS A CONSEQUENCE OF) OCT 20 1998 CONDITIONS IF ANY WHICH GAVE RISE TO THE IMMEDIATE CAUSE, STATING THE UNDERLYING CAUSE LAST DUE TO (OR AS A CONSEQUENCE OF) DUE TO (OR AS A CONSEQUENCE OF) DUE TO (OR AS A CONSEQUENCE OF)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
PART II Other significant conditions - Conditions contributing to death but not previously stated in Part I		27 WAS AN AUTOPSY PERFORMED? (Yes or no) NO	28a WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) No	
29a CERTIFIER (Check only one) <input checked="" 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 <input 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		29b MEDICAL LICENSE NO. 01041856		
29c SIGNATURE AND TITLE OF CERTIFIER <i>Paul Okolocha</i>		29d DATE SIGNED (Month, Day, Year) January 26, 1998		
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Dr. Paul Okolocha 650 Grant Street Gary IN 46404				
31 HEALTH OFFICER'S SIGNATURE <i>Paul Okolocha M.D. M.P.H.</i>				32 DATE FILED (Month, Day, Year) 1/28/98
33 MANNER OF DEATH <input type="checkbox"/> Natural <input 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 001.334 9:00 #178		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)		
34h MOTOR VEHICLE ACCIDENT? (Yes or no) If yes specify driver, passenger, pedestrian, etc.				

Covick Bishop 5024 Melville Ave. P.C. 46312

