11CC + 3 Free VETS

* **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

Local No. 99-06688 State No. .....

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

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
99 OCT 22 PM 2:11
MORRIS W. CARTER
RECORDER

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

1 DECEASED—NAME (First Middle Last): Archie Lee Strickland Sr.
2 SEX: Male
3a TIME OF DEATH:
3b DATE OF DEATH (Month Day Yr): September 27, 1999
4 SOCIAL SECURITY NUMBER: 307-52-3033
5a AGE—Last Birthday (Years): 52
5b UNDER 1 YEAR: Months / Days
5c UNDER 1 DAY: Hours / Minutes
6 DATE OF BIRTH (Mo. Day. Yr): June 8, 1947
7 BIRTHPLACE (City and State or Foreign Country): Edwards, Mississippi
99087339
8a WAS DECEDENT A US VETERAN?: YES
8b YEAR LAST SERVED IN US ARMED FORCES?: 1968
9a PLACE OF DEATH (Check only one See instructions): XX Inpatient; ER/Outpatient; DOA; OTHER: Nursing Home; Other (Specify); Residence
9b FACILITY NAME (If not institution give street and number): Methodist Hospital 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): Kathleen M. Blaylock
12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life Do not use retired): Shipping
12b KIND OF BUSINESS/INDUSTRY: Bethlehem Steel Corp.
13a RESIDENCE—STATE: Indiana
13b COUNTY: Lake
13c CITY, TOWN OR LOCATION: Gary
13d STREET AND NUMBER: 1728 Garfield Street
13e ZIP CODE: 46404
13f INSIDE CITY LIMITS: XX No / Yes
13g ON A FARM?: XX No / Yes
14 CITIZEN OF WHAT COUNTRY?: U S A
15 WAS DECEDENT OF HISPANIC ORIGIN?: XXX 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); College (1-4 or 5 +): 4 Years

PARENTS

18 FATHER'S NAME (First, Middle, Last): R. L. Strickland
19 MOTHER'S NAME (First, Middle, Maiden Surname): Emma Kimble

INFORMANT

20a INFORMANT'S NAME (Type/Print): Kathleen M. Strickland
20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 1728 Garfield Street Gary, Indiana 46404
20c Relationship: Wife

DISPOSITION

21a METHOD OF DISPOSITION: XXX Burial; Cremation; Removal from State; Donation; Other (Specify)
21b DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): October 2, 1999 Evergreen Cemetery
21c LOCATION—City or Town State: Hobart, Indiana
22a EMBALMER'S NAME: Roosevelt Allen Sr.
22b EMBALMER'S LICENSE NO: #01051696
23 WAS DEATH REPORTED TO CORONER?: XXX No / Yes
24a SIGNATURE OF FUNERAL DIRECTOR:
24b LICENSE NUMBER (of Licensee): #08700298
25 NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME: Guy & Allen Funeral Directors, Inc 2959 West 11th Avenue Gary, Indiana 46404 83007704

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 Colon — Approximate Interval Between Onset and Death: 18 mos.
DUE TO (OR AS A CONSEQUENCE OF): b
DUE TO (OR AS A CONSEQUENCE OF): c
DUE TO (OR AS A CONSEQUENCE OF): d

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):

CERTIFIER

29a CERTIFIER (Check only one):
XXX 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:
29c MEDICAL LICENSE NO: 29392
29d DATE SIGNED (Month Day Year): 10/4/99

30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print): Dr. Dalal 5825 Brodway Merrillville, Indiana 46410

HEALTH OFFICER

31 HEALTH OFFICER'S SIGNATURE:
32 DATE FILED (Month Day Year): OCT 07 1999

33 MANNER OF DEATH: Natural; Accident; Suicide; Homicide; Pending Investigation; Could not be Determined
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)
34h MOTOR VEHICLE ACCIDENT? (Yes or no) If yes specify driver passenger pedestrian etc

FILED
OCT 19 1999
9.00
001266
PETER BENJAMIN
LAKE COUNTY AUDITOR

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

Emma Strickland Sr.
1741 Garfield St.
Gary, In. 46404

Unit #25
Key # 42-59-39
Central Park Add
N 20ft of Lot 36 + S 10ft of Lot 37 Block 2