93-0763

# INDIANA STATE DEPARTMENT OF HEALTH

No. ..... CERTIFICATE OF DEATH State No. .....

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

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
2000 JAN 11 PM 2:17
MORRIS W. CARTER
RECORDER

| | | | | |
|---|---|---|---|---|
| 1 DECEASED—NAME (First Middle Last): Lebon Grant | | 2 SEX: Male | 3a TIME OF DEATH | 3b DATE OF DEATH (Month Day Yr): October 10, 1993 |
| 4 SOCIAL SECURITY NUMBER: 428-10-0140 | 5a AGE—Last Birthday (Years): 85 | 5b UNDER 1 YEAR Months Days: | 5c UNDER 1 DAY Hours Minutes: | 6 DATE OF BIRTH (Mo. Day Yr): June 15, 1908 |
| 7 BIRTHPLACE (City and State or Foreign Country): Mississippi | | | | |
| 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) and (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 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): Lula Bell Thedford | 12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Laborer | | 12b KIND OF BUSINESS/INDUSTRY: USX (Sheet & Till Mill) |
| 13a RESIDENCE—STATE: Indiana | 13b COUNTY: Lake | 13c CITY, TOWN OR LOCATION: Gary | | 13d STREET AND NUMBER: 2400 Buchanan 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): 8th | College (1-4 or 5 +): | | |
| 18 FATHER'S NAME (First, Middle, Last): Nubia Grant | 19 MOTHER'S NAME (First, Middle, Maiden Surname): Georgia Cotton | | | |
| 20a INFORMANT'S NAME (Type/Print): Lula Bell Grant | 20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 2400 Buchanan Street Gary, Indiana 46407 | 20c Relationship: Wife | | |
| 21a. METHOD OF DISPOSITION: XX Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify) ☐ Entombment | 21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): October 15, 1993 Ridgelawn Cemetery | 21c. LOCATION—City or Town, State: Gary, Indiana | | |
| 22a. EMBALMER'S NAME: Roosevelt Allen Jr. | 22b. EMBALMER'S LICENSE NO.: #01051701 | 23 WAS DEATH REPORTED TO CORONER?: XX No ☐ Yes | | |
| 24a SIGNATURE OF FUNERAL DIRECTOR: Valerie Broadus | 24b LICENSE NUMBER (of Licensee): 08700646 | 25 NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME: Guy & Allen Funeral Directors, Inc., 2959 W. 11th Avenue Gary, Indiana 46404 | 83007704 | |

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. — Approximate Interval Between Onset and Death

IMMEDIATE CAUSE (Final disease or condition resulting in death)
a. Pneumonia
DUE TO (OR AS A CONSEQUENCE OF)
b. Arteriosclerotic Cardiovascular Heart Disease
DUE TO (OR AS A CONSEQUENCE OF)
c. Alzheimer's Disease
DUE TO (OR AS A CONSEQUENCE OF)
d. Anemia

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) | 28a. WAS AN AUTOPSY PERFORMED? (Yes or no) | 28b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) |
|---|---|---|
| no | no | no |

29a CERTIFIER (Check only one)
☒ 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 | 29d. DATE SIGNED (Month, Day, Year) |
|---|---|---|
| | 01036654 | 10-21-93 |

30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print): Adolphus A. Anekwe, M.D. 3195 Broadway Gary, IN 46402

31 HEALTH OFFICER'S SIGNATURE: Dr. R. Hood, Health Commissioner

32. DATE FILED (Month Day, Year): OCT. 25 1993

FILED

| 33 MANNER OF DEATH | 34a DATE OF INJURY (Month, Day, Year) | 34b TIME OF INJURY | 34c DID INJURY occur in the course of WORK? (Yes or no) | 34d DESCRIBE HOW INJURY OCCURRED |
|---|---|---|---|---|
| ☐ Natural ☐ Pending Investigation ☐ Accident ☐ Suicide ☐ Could not be Determined ☐ Homicide | | | | |

| 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) |
|---|---|
| | 9.00 E.P. |

| 34g DATE PRONOUNCED DEAD (Month, Day, Year) | 34h MOTOR VEHICLE ACCIDENTS only—driver, passenger, pedestrian, etc |
|---|---|
| | 625-A |

JAN 11 2000
PETER BENJAMIN
LAKE COUNTY AUDITOR

SDH06-004 State Form 10110 (R3 / 3-92) DEATHCER/PD1



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