

* 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.

6cc + 3 Free VETS

INDIANA STATE DEPARTMENT OF HEALTH

Key # 43-47-28

CERTIFICATE OF DEATH

State No. 20

Local No. 00 0061

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-9-3

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

1 DECEASED—NAME (First Middle Last) Willie J. Farmer		2 SEX Male	3a TIME OF DEATH 6:00 P M	3b DATE OF DEATH (Month Day Yr) January 23, 2000	
4 *SOCIAL SECURITY NUMBER 419-36-2169	5a AGE—Last Birthday (Years) 71	5b UNDER 1 YEAR Months Days	5c UNDER 1 DAY Hours Minutes	6 DATE OF BIRTH (Mo Day Yr) February 2, 1928	
7 BIRTHPLACE (City and State or Foreign Country) Coke, Alabama		8a WAS DECEDENT A U.S. VETERAN? YES			
8b YEAR LAST SERVED IN U.S. ARMED FORCES? 1956		9a PLACE OF DEATH (Check only one See instructions) HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <u>Residence</u>			
9b FACILITY NAME (# not in common give street and number) 2628 Harrison BLVD		9c CITY TOWN OR LOCATION OF DEATH Gary		9d COUNTY OF DEATH Lake	
10 MARITAL STATUS Married	11 SURVIVING SPOUSE (Give name) Mary Walker Farmer	12a DECEASED'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Heavy Equipment Operator		12b KIND OF BUSINESS/INDUSTRY USX Steel Corp.	
13a RESIDENCE—STATE Indiana	13b COUNTY Lake	13c CITY-TOWN OR LOCATION Gary	13d STREET AND NUMBER 2628 Harrison BLVD		
13e ZIP CODE 46407	13f INSIDE CITY LIMITS <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	14 CITIZEN OF WHAT COUNTRY? U S A	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) Black	
17 DECEASED'S EDUCATION (Specify only highest grade completed) 7th		18 FATHER'S NAME (First Middle Last) Fleming Farmer			
19 MOTHER'S NAME (First Middle Maiden Surname) Sally B. Jackson		20a INFORMANT'S NAME (Type, Print) Mary Farmer			
20b MAILING ADDRESS (Street and Number or Rural Route Number City or Town State Zip Code) 2628 Harrison BLVD Gary, Indiana 46407		20c Relationship Wife			
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) January 29, 2000 Evergreen Cemetery		21c LOCATION—City or Town State Hobart, Indiana	
22a EMBALMER'S NAME Rosenwald D. Allen Jr.		22b EMBALMER'S LICENSE NO #29400047		23 WAS DEATH REPORTED TO CORONER? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	
24a SIGNATURE OF FUNERAL DIRECTOR <i>Carmetta D. Diney</i>		24b LICENSE NUMBER (of Licensee) #29700070		25 NAME ADDRESS AND LICENSE NUMBER OF FUNERAL HOME Guy & Allen Funeral Directors, Inc 2959 West 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.					
IMMEDIATE CAUSE (Final disease or condition resulting in death) a Laceration of brain with skull fractures DUE TO (OR AS A CONSEQUENCE OF) b Due to gunshot wound to head 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				Approximate Interval Between Onset and Death Unknown	
PART II: Other significant conditions - Conditions contributing to death but not previously stated in Part I					
27 WAS DECEDENT PREGNANT IN 9 MONTHS PRIOR TO DEATH? <input type="checkbox"/> No <input type="checkbox"/> Yes		28a WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) Yes		PETER BENJAMIN LAKE COUNTY AUDITOR	
29a CERTIFIER (Check only one) <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 <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 Deputy					
29b SIGNATURE AND TITLE OF CERTIFIER <i>Deputy</i>		29c MEDICAL LICENSE NO N/A		29d DATE SIGNED (Month Day Year) January 31, 2000	
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type Print) Donna Melyon, Deputy Coroner, 2900 West 93rd Avenue, Crown Point, Indiana 46307					
31 HEALTH OFFICER'S SIGNATURE <i>[Signature]</i>			32 DATE FILED (Month Day Year) FEB 09 2000		
33 MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input checked="" type="checkbox"/> Suicide <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Homicide		34a DATE OF INJURY (Month Day Year) Jan. 23, 2000	34b TIME OF INJURY Unknown	34c INJURY AT WORK? (Yes or no) No	34d DESCRIBE HOW INJURY OCCURRED Gunshot wound 01294
34a PLACE OF INJURY—At home farm street factory office building etc (Specify) Residence		34d LOCATION (Street and Number or Rural Route Number City or Town State) 2628 Harrison Blvd. Gary, IN			
34e DATE PRONOUNCED DEAD (Month Day Year) January 23, 2000		34f MOTOR VEHICLE ACCIDENT? (Yes or no) If yes specify driver passenger pedestrian etc No.			