

6cc  
2 vets  
9

91035929

Ironwood Unit A  
S. 6' h. 5, all h. 6, ex. S. 18' h. 7  
all block 11  
Key # 45-92-6, unit # 25  
State No. ....

INDIANA STATE BOARD OF HEALTH  
CERTIFICATE OF DEATH

Local No. 11 05-91  
2000-00418

TYPE/PRINT  
IN  
PERMANENT  
BLACK INK

1 DECEASED—NAME (First, Middle, Last) <b>Thomas M. DeNeal</b>		2 SEX <b>Male</b>		3a TIME OF DEATH <b>1:10 P.</b>		3b DATE OF DEATH (Month, Day, Yr) <b>May 22, 1991</b>	
4 SOCIAL SECURITY NUMBER <b>307-01-5699</b>		5a AGE—Last Birthday (Year) <b>81</b>		5b UNDER 1 YEAR Months Days		5c UNDER 1 DAY Hours Minutes	
6 DATE OF BIRTH (Mo, Day, Yr) <b>January 5, 1910</b>		7 BIRTHPLACE (City and State or Foreign Country) <b>Opelika, Alabama</b>					
8a WAS DECEDENT A U.S. VETERAN? <b>Yes</b>		8b YEAR LAST SERVED IN U.S. ARMED FORCES? <b>1945</b>		8c PLACE OF DEATH (Check only one. See instructions.) <input checked="" type="checkbox"/> HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence			
9a FACILITY NAME (If not institution, give street and number) <b>Methodist Hospital Southlake</b>			9c CITY, TOWN OR LOCATION OF DEATH <b>Merrillville</b>			9d COUNTY OF DEATH <b>Lake</b>	
10 MARITAL STATUS (Specify) <b>Married</b>		11 SURVIVING SPOUSE (If wife, give maiden name) <b>Cora L. Heard</b>		12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) <b>Chipper</b>		12b KIND OF BUSINESS/INDUSTRY <b>USX</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>2220 Rhode Island Street</b>	
13e ZIP CODE <b>46407</b>		13f INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		14 CITIZEN OF WHAT COUNTRY? <b>USA</b>		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) <b>Black</b>		17 DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary <input checked="" type="checkbox"/> College (1-4 or 5+) <b>6th</b>					
18 FATHER'S NAME (First, Middle, Last) <b>George DeNeal</b>				19 MOTHER'S NAME (First, Middle, Maiden Surname) <b>Fannie Collier</b>			
20a INFORMANT'S NAME (Type/Print) <b>Cora L. DeNeal</b>		20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) <b>2220 Rhode Island ST Gary, Indiana 46407</b>				20c Relationship <b>Wife</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>May 25, 1991 Oak Hill Cemetery</b>		21c LOCATION—City or Town, State <b>Gary, Indiana</b>			
22a EMBALMER'S NAME <b>Patrician Owens</b>		22b EMBALMER'S LICENSE NO. <b>#08700298</b>		23 WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
24a SIGNATURE OF FUNERAL DIRECTOR <i>Calvin Broadnax</i>		24b LICENSE NUMBER (of Licensee) <b>08700646</b>		25 NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME <b>83007704 Guy &amp; Allen Funeral Directors, Inc. 2959 W. 11th Avenue Gary, Indiana 46404</b>			
26. PART I Enter the disease, 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) <b>Cerebrovascular Accident with FOLLED</b>							Approximate Interval Between Onset and Death
Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last <b>Multi infarct Senescent Diabetes Mellitus</b>							PART II Other significant conditions - Conditions contributing to death but not previously reported <b>PETER BENJAMIN PRESIDENT OR 90 DAYS PERFORMER LAKE COUNTY AUDITOR</b>
27a 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.							27b DATE SIGNED (Month, Day, Year) <b>June 3, 1991</b>
29b SIGNATURE AND TITLE OF CERTIFIER <i>Alexander D. Williams MD</i>							29c MEDICAL LICENSE NO. <b>010278</b>
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (If M 28) <b>RAM C. GUPTA, MD, 6500 Broadnax Dr. Merrillville, IN. 46410</b>							31 DATE FILED (Month, Day, Year) <b>June 3, 1991</b>
31 HEALTH OFFICER'S SIGNATURE <i>Alexander D. Williams MD</i>							32 DATE FILED (Month, Day, Year) <b>June 3, 1991</b>
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) <b>May 22, 2000</b>		34b INJURY AT WORK? (Yes or no)		34c INJURY AT WORK? (Yes or no)	
34d PLACE OF INJURY (Street and Number or Rural Route Number, City or Town, State) <b>Lake County Auditor</b>		34e LOCATION (Street and Number or Rural Route Number, City or Town, State) <b>Lake County Auditor</b>					
34g DATE PRONOUNCED DEAD (Month, Day, Year)							34h MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc. <b>NO</b>

DECEASED  
 PARENTS  
 INFORMANT  
 DISPOSITION  
 CAUSE OF DEATH  
 \* I.E. RE WANTED to be an Exhibit to the Survivors p. 83.  
 STATE OF INDIANA  
 COUNTY OF LAKE  
 CITY OF GARY  
 2000 017508  
 12:14  
 JUL 10 1991  
 FILED