Carole McLain Parker
P.O. Box 1431
Gary, In 46407

*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. 277-00 State No. ..........

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

TYPE/PRINT IN PERMANENT BLACK INK

**DECEDENT**

1. Deceased—Name (First, Middle, Last): Harold Edwards Sr.
2. Sex: Male
3a. Time of Death: 4:42 P.M
3b. Date of Death (Month, Day, Yr.): January 13, 2000
4. *Social Security Number: 313-28-1034
5a. Age—Last Birthday (Years): 70
5b. Under 1 Year (Months, Days):
5c. Under 1 Day (Hours, Minutes):
6. Date of Birth (Mo. Day Yr): March 11, 1929
7. Birthplace (City and State or Foreign Country): Evansville, Indiana
8a. Was Decedent a U.S. Veteran? Yes
8b. Year Last Served in U.S. Armed Forces? 1946
9a. Place of Death (Check only one. See instructions.): Hospital: Inpatient; X ER/Outpatient; DOA. Other: Nursing Home; Residence; Other (Specify)
9b. Facility Name (If not institution, give street and number): Methodist Hospital Southlake
9c. City, Town, or Location of Death: Merrillville
9d. County of Death: Lake
10. Marital Status (Specify): Married
11. Surviving Spouse (If wife, give maiden name): Yvonne Harrell
12a. Decedent's Usual Occupation (Give kind of work done during most of working life. Do not use retired): Anderson Co.
12b. Kind of Business/Industry: Labor
13a. Residence—State: Indiana
13b. County: Lake
13c. City, Town, or Location: Gary
13d. Street and Number: 2237 Georgia Street
13e. Zip Code: 46407
13f. Inside City Limits: No; X Yes
13g. On a Farm? X No; Yes
14. Citizen of What Country? U.S.A
15. Was Decedent of Hispanic Origin? X 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+): 2

**PARENTS**

18. Father's Name (First, Middle, Last): Charles Edwards
19. Mother's Name (First, Middle, Maiden Surname): Buellah Woods

**INFORMANT**

20a. Informant's Name (Type/Print): Mark Edwards
20b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code): 7440 B. Whitcomb Street Merrillville, Indiana 46410
20c. Relationship: Son

**DISPOSITION**

21a. Method of Disposition: X Burial; Cremation; Donation; Other (Specify); Entombment; Removal from State
21b. Date and Place of Disposition (Name of cemetery, crematory or other place): January 18, 2000 Evergreen Memorial Park
21c. Location—City or Town, State: Hobart, IN
22a. Embalmer's Name: Sherman Banks III
22b. Embalmer's License No.: FDO 1016254
23. Was Death Reported to Coroner? No; Yes
24a. Signature of Funeral Director: [signature]
24b. License Number (of Licensee): FDO 1016254
25. Name, Address, and License Number of Funeral Home: Smith Bizzell & Warner Funeral Home, FH1960004, 4209 Grant St. Gary, IN 46408

**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. acute myocardial infarction
DUE TO (OR AS A CONSEQUENCE OF):
b. sinus [illegible] dysrhythmia
DUE TO (OR AS A CONSEQUENCE OF):
c. [illegible] [illegible] decompensated CHF
DUE TO (OR AS A CONSEQUENCE OF):
d. COPD [illegible]

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): X 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: [signature] MD
29c. Medical License No.: 012818
29d. Date Signed (Month, Day, Year): 01-19-00
30. Name and Address of Person Who Completed Cause of Death (Item 26) (Type/Print): Dr. Bergal 2318 West. 5th Ave. Gary Indiana.

**HEALTH OFFICER**

31. Health Officer's Signature: Alexander [signature] M.D.
32. Date Filed (Month, Day, Year): February 1, 2000

33. Manner of Death: Natural; Pending Investigation; Accident; Suicide; Could not be Determined; Homicide
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.

01379

9.00 [illegible]

SDH06-004 State Form 10110-06 (R4/3-93) Deathcer/Pt 1

STATE OF INDIANA LAKE COUNTY FILED FOR RECORD
2000 MAR 20
2000 008800

THIS CERTIFIES THE ABOVE TO BE A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPT.
MAR 20 2000
Alexander [signature] M.D.
LAKE COUNTY HEALTH COMMISSIONER

FILED
MAR 20 2000
PETER BENJAMIN
LAKE COUNTY AUDITOR

Document is NOT OFFICIAL! This Document is the property of the Lake County Recorder! STOP
SEAL INDIANA