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Key No. 24-30-209-37
24-30-213-34
24-30-204-10

* 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

State No.

Local No. 2873-99

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-37-1-10

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

PARENTS

INFORMANT

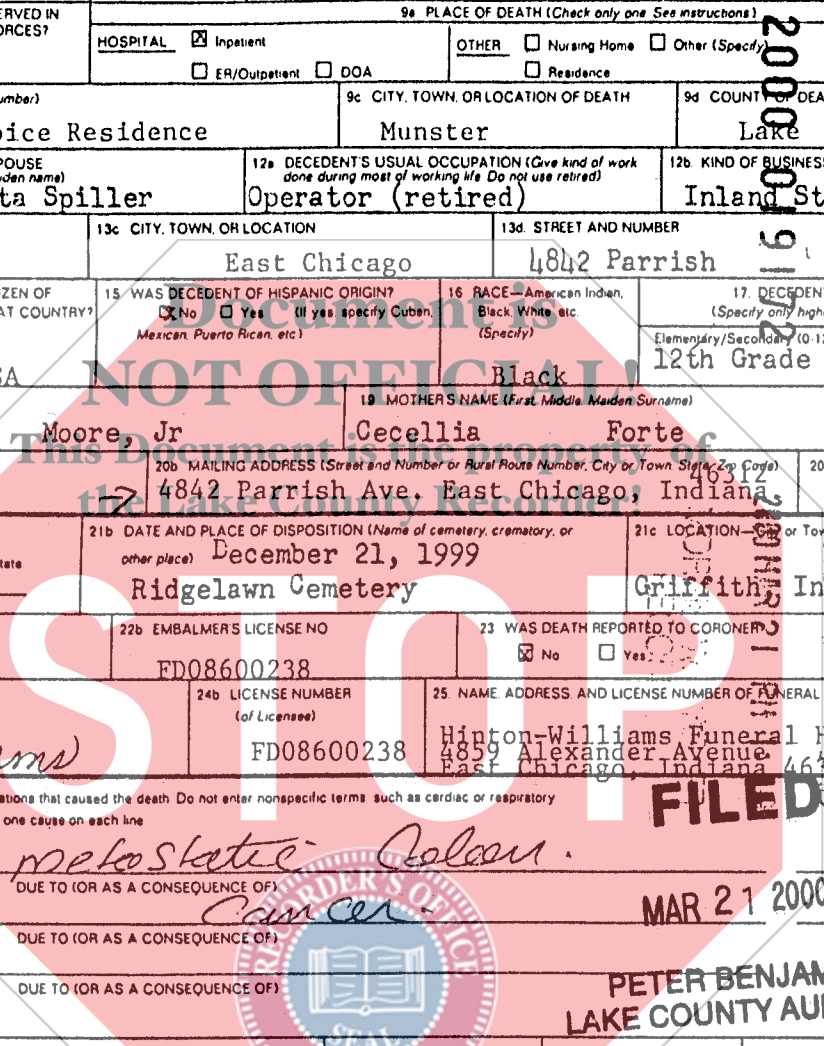
DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

1 DECEASED—NAME (First, Middle, Last) Walter H. Moore		2. SEX Male		3a TIME OF DEATH 10:06P M		3b DATE OF DEATH (Month, Day, Yr) December 15, 1999			
4. *SOCIAL SECURITY NUMBER 425-52-3714		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) Dec. 27, 1928		7 BIRTHPLACE (City and State or Foreign Country) Forest, Mississippi							
8a WAS DECEDENT A US VETERAN? Yes		8b YEAR LAST SERVED IN US ARMED FORCES? 1954		9a PLACE OF DEATH (Check only one. See instructions.) HOSPITAL <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence					
9b FACILITY NAME (If not institution, give street and number) William J. Riley Hospice Residence			9c CITY, TOWN, OR LOCATION OF DEATH Munster			9d COUNTY OF DEATH Lake			
10 MARITAL STATUS (Specify) Married		11 SURVIVING SPOUSE (If wife, give maiden name) Juanita Spiller		12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Operator (retired)		12b KIND OF BUSINESS/INDUSTRY Inland Steel Co.			
13a RESIDENCE—STATE Indiana		13b COUNTY Lake		13c CITY, TOWN, OR LOCATION East Chicago		13d STREET AND NUMBER 4842 Parrish			
13e ZIP CODE 46312		13f INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		14 CITIZEN OF WHAT COUNTRY? USA		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) Black		17 DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (10-12) <input type="checkbox"/> College (1-4 or 5 +) <input type="checkbox"/> 12th Grade							
18 FATHER'S NAME (First, Middle, Last) Luther Moore, Jr				19 MOTHER'S NAME (First, Middle, Maiden Surname) Cecellia Forte					
20a INFORMANT'S NAME (Type/Print) Juanita Moore		20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 4842 Parrish Ave. East Chicago, Indiana 46312				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) December 21, 1999 Ridgelawn Cemetery		21c LOCATION—City or Town, State Griffith, Indiana					
22a EMBALMER'S NAME Tracy Cheri Williams		22b EMBALMER'S LICENSE NO. FD08600238		23 WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes					
24a SIGNATURE OF FUNERAL DIRECTOR <i>Tracy Cheri Williams</i>		24b LICENSE NUMBER (of License) FD08600238		25 NAME, ADDRESS AND LICENSE NUMBER OF FUNERAL HOME Hinton-Williams Funeral Home, 83001520 4859 Alexander Avenue, East Chicago, Indiana 46312					
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. <i>metastatic colon cancer</i> DUE TO (OR AS A CONSEQUENCE OF) b. <i>Cancer</i> DUE TO (OR AS A CONSEQUENCE OF) c. DUE TO (OR AS A CONSEQUENCE OF) d. DUE TO (OR AS A CONSEQUENCE OF) 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) no
29a 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									
29b SIGNATURE AND TITLE OF CERTIFIER <i>M. Hill</i>				29c MEDICAL LICENSE NO. 01029360		29d DATE SIGNED (Month, Day, Year) 12.16.99			
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Mohamed M. Krad 1849 N. CLINE AVE Griffith, Ind									
31 HEALTH OFFICER'S SIGNATURE <i>Alexander Williams MD</i>				32 DATE FILED (Month, Day, Year) December 17, 1999					
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)		34b TIME OF INJURY		34c INJURY AT WORK? (Yes or no)			
34d PLACE OF INJURY—At home, farm, street, factory, office, building, etc. (Specify)		34e LOCATION (Street and Number or Rural Route Number, City or Town, State) DEC 17 1999							
34g DATE PRONOUNCED DEAD (Month, Day, Year)		34h MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify passenger, driver, etc. 00412 <i>Alexander Williams MD</i> LAKE COUNTY HEALTH COMMISSIONER							



20000191
 STATE OF INDIANA
 LAKE COUNTY
 HEALTH DEPARTMENT
 FILED
 MAR 21 2000
 PETER BENJAMIN
 LAKE COUNTY AUDITOR