

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 OF INDIANA
LAKE COUNTY
FILED

Local No. 228

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

TYPE/PRINT
IN
PERMANENT
BLACK INK

1 DECEASED—NAME (First, Middle, Last) Isaac Pugh		2 SEX Male	3a TIME OF DEATH 11:58 A.M.	3b DATE OF DEATH (Month, Day, Yr) August 5, 1996
4 *SOCIAL SECURITY NUMBER 267-50-0368	5a AGE—Last Birthday (Years) 62	5b UNDER 1 YEAR Months Days	5c UNDER 1 DAY Hours Minutes	6 DATE OF BIRTH (Mo, Day, Yr) February 26, 1934
7 BIRTHPLACE (City and State or Foreign Country) Hurtsboro, Alabama	8a WAS DECEDENT A U.S. VETERAN? NO			
8b YEAR LAST SERVED IN U.S. ARMED FORCES? ----		9a 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		

DECEDENT

9b FACILITY NAME (If not institution, give street and number) St. Catherine Hospital		9c CITY, TOWN OR LOCATION OF DEATH East Chicago	9d COUNTY OF DEATH Lake
10 MARITAL STATUS (Specify) Married	11 SURVIVING SPOUSE (If wife, give maiden name) Alice Fountain	12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Operator	12b KIND OF BUSINESS/INDUSTRY Harbison--Walker
13a RESIDENCE—STATE Indiana	13b COUNTY Lake	13c CITY, TOWN OR LOCATION Gary	13d STREET AND NUMBER 3556 Madison Street
13e ZIP CODE 46408	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 (0-12) College (1-4 or 5+) 10th		13g ON A FARM? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

PARENTS

18 FATHER'S NAME (First, Middle, Last) John Pugh	19 MOTHER'S NAME (First, Middle, Maiden Surname) Mattie Jackson
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INFORMANT

20a INFORMANT'S NAME (Type/Print) Alice Pugh	20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 3556 Madison St., Gary, IN 46408	20c Relationship Wife
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DISPOSITION

21a METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Entombment <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) August 10, 1996 Fern Oaks 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 type="checkbox"/> No <input checked="" type="checkbox"/> Yes
24a SIGNATURE OF FUNERAL DIRECTOR <i>Tracy Cheri Williams</i>	24b LICENSE NUMBER (of Licensee) FD08600238	25 NAME ADDRESS AND LICENSE NUMBER OF FUNERAL HOME Hinton & Williams Funeral Home, Inc. 4859 Alexander Avenue FH83001520 East Chicago, Indiana 46312

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 with severe coronary atherosclerosis DUE TO (OR AS A CONSEQUENCE OF) b. cardiomyopathy DUE TO (OR AS A CONSEQUENCE OF) c. d.	26 PART II Other significant conditions - Conditions contributing to death but not previously stated in Part I	27 WAS DECEDENT PREGNANT OR IN LABOR AT TIME OF DEATH? (Yes or no) NO	28a WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) YES
Approximate Interval Between Onset and Death Unknown		FILED MAR 29 2000	

CERTIFIER

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"/> DEPUTY 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>Deputy</i>	29c MEDICAL LICENSE NO. N/A	29d DATE SIGNED (Month, Day, Year) August 21, 1996
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HEALTH OFFICER

30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Donna Melyon, Deputy Coroner, 2293 North Main Street, Crown Point, Indiana 46307	31 HEALTH OFFICER'S SIGNATURE <i>Dr. Semathy Rankovich</i>	32 DATE FILED (Month, Day, Year) 8-23-96
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33 MANNER OF DEATH <input checked="" 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 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) 9.00 E.R.		
34g DATE PRONOUNCED DEAD (Month, Day, Year) August 5, 1996	34h MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc. NO		#2253	

Citifinancial
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