

\* 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.

4CC  
INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No. 44-171-10

Local No. 99-0829

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

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

1 DECEASED—NAME (First Middle Last) Ruth Glenette Hairston		2 SEX Female		3a TIME OF DEATH 3:01 P M		3b DATE OF DEATH (Month Day Year) November 29, 1999	
4 *SOCIAL SECURITY NUMBER 313-36-8826		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 15, 1937		7 BIRTHPLACE (City and State or Foreign Country) Gary, Indiana					
8a WAS DECEDENT A U.S. VETERAN? NO		8b YEAR LAST SERVED IN U.S. ARMED FORCES? N/A		9a PLACE OF DEATH (Check only one. See instructions) HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input checked="" type="checkbox"/> Residence			
9b FACILITY NAME (If not institution, give street and number) 544 Cleveland Street			9c CITY TOWN OR LOCATION OF DEATH Gary			9d COUNTY OF DEATH Lake	
10 MARITAL STATUS (Specify) Married		11 SURVIVING SPOUSE (If wife, give maiden name) Kenneth A. Hairston		12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Teacher		12b KIND OF BUSINESS/INDUSTRY Gary Community School	
13a RESIDENCE—STATE Indiana		13b COUNTY Lake		13c CITY TOWN OR LOCATION Gary		13d STREET AND NUMBER 544 Cleveland Street	
13a ZIP CODE 46402		13i INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		14 CITIZEN OF WHAT COUNTRY? U S A		15 WAS DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If yes specify Cuban, Mexican, Puerto Rican, etc.)	
13g ON A FARM? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		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+) 6 years			
18 FATHER'S NAME (First, Middle, Last) Stanley Cotten				19 MOTHER'S NAME (First, Middle, Maiden Surname) Lula Mae Alexander			
20a INFORMANT'S NAME (Type, Print) Kenneth A. Hairston		20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 544 Cleveland Street, Gary, Indiana 46404				20c Relationship Husband	
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) December 4, 1999 Fern Oak Cemetery		21c LOCATION—City, Town, State Griffith, Indiana			
22a EMBALMER'S NAME Roosevelt Allen Sr.		22b EMBALMER'S LICENSE NO. #01051696		23 WAS DEATH REPORTED TO CORONER? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes			
24a SIGNATURE OF FUNERAL DIRECTOR <i>Valerie D. Broad</i>		24b LICENSE NUMBER (of Licensee) #08700646		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 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) a <u>Myocardial Infarction</u> DUE TO (OR AS A CONSEQUENCE OF) b _____ 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		APR 2 2000 PETER BENJAMIN LAKE COUNTY AUDITOR		28 WERE AUTOPSY FINDINGS AVAILABLE FROM TO COMPLETION OF CAUSE OF DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
PART II Other significant conditions - Conditions contributing to death but not previously stated in Part I <u>Ca Biennial sup mastectomy sup chemo therapy</u>		27 PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) NO		28 WERE AUTOPSY FINDINGS AVAILABLE FROM 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>Jyotsna Sanghvi MD</i>		29c MEDICAL LICENSE NO. 01035695		29d DATE SIGNED (Month Day Year) 12-6-99	
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type, Print) Jyotsna Sanghvi MD 8127 Merrillville Rd Merrillville, IN 46410							
31 HEALTH OFFICER'S SIGNATURE <i>Jyotsna Sanghvi MD</i>		32 DATE FILED (Month Day Year) DEC 0-9 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 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) <i>9-2em</i>			
34g DATE PRONOUNCED DEAD (Month Day Year)		34h MOTOR VEHICLE ACCIDENT? (Yes or no) If yes specify driver, passenger, pedestrian, etc.		00638 <i>cash</i>			