5cc

* 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

Key# 46-128-8
46-128-10

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

Local No. 99-0355 .... 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): Velma Gammage
2. SEX: Female
3a TIME OF DEATH: 6:20P M
3b DATE OF DEATH (Month, Day, Yr.): May 09, 1999
4 *SOCIAL SECURITY NUMBER: 315-09-2644
5a AGE--Last Birthday (Years): 87
5b UNDER 1 YEAR Months Days
5c UNDER 1 DAY Hours Minutes
6 DATE OF BIRTH (Mo Day, Yr): October 15, 1911
7 BIRTHPLACE (City and State or Foreign Country): Chatanooga, TN.
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 X Inpatient ER/Outpatient DOA; OTHER Nursing Home Residence Other (Specify)
9b FACILITY NAME (If not institution, give street and number): Gary Methodist Northlake
9c CITY, TOWN, OR LOCATION OF DEATH: Gary
9d COUNTY OF DEATH: Lake
10 MARITAL STATUS (Specify): Widowed
11 SURVIVING SPOUSE (If wife, give maiden name)
12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Beautician
12b KIND OF BUSINESS/INDUSTRY: Beauty Shop
13a RESIDENCE--STATE: Indiana
13b COUNTY: Lake
13c CITY, TOWN, OR LOCATION: Gary
13d STREET AND NUMBER: 2212 Nichols Place
13e ZIP CODE: 46407
13f INSIDE CITY LIMITS: No X Yes
13g ON A FARM? 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): Afro-American
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): Clyde William Wheeler
19 MOTHER'S NAME (First, Middle, Maiden Surname): Willie Smith

INFORMANT

20a INFORMANT'S NAME (Type/Print): Ossie Lowe
20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 817 Hobart Street Gary, Indiana 46406
20c. Relationship: Guardian

DISPOSITION

21a METHOD OF DISPOSITION: X Burial Cremation Entombment Removal from State Donation Other (Specify)
21b DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): May 11, 1999 Oak Hill Cemery
21c LOCATION--City or Town, State: Gary, 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. FH19600034 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

Approximate Interval Between Onset and Death

IMMEDIATE CAUSE (Final disease or condition resulting in death) a Congestive Heart Failure — mos
DUE TO (OR AS A CONSEQUENCE OF)
Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last b
DUE TO (OR AS A CONSEQUENCE OF)
c
DUE TO (OR AS A CONSEQUENCE OF)
d

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

CERTIFIER

29a CERTIFIER (Check only one)
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]
29c. MEDICAL LICENSE NO.: 29392
29d DATE SIGNED (Month, Day, Year): 5/13..
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print): Dr. Dalal 5825 Broadway Merrillville Indiana 981-9000.

HEALTH OFFICER

31 HEALTH OFFICER'S SIGNATURE: [signature] M.D. M.P.H.
32. DATE FILED (Month, Day, Year): MAY 18 1999

FILED

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.

APR 26 2000
PETER BENJAMIN
LAKE COUNTY AUDITOR
1537

2000 028241
STATE OF INDIANA LAKE COUNTY FILED FOR RECORD
2000 APR 26 PM 12:07
MORRIS W. CARTER RECORDER

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RECORDER'S OFFICE SEAL INDIANA

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

9/00