

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

Local No. **0736-00** CERTIFICATE OF DEATH

State No. **# 15-419-1**

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

392/23
TYPE/PRINT
IN
PERMANENT
BLACK INK

1 DECEASED-NAME (First, Middle, Last) Ralph H. Reid, Sr.		2 SEX Male	3a TIME OF DEATH 2:45 A	3b DATE OF DEATH (Month, Day, Yr) March 14, 2000	
4 SOCIAL SECURITY NUMBER 349-30-0969	5a AGE-Last Birthday (Years) 69	5b UNDER 1 YEAR Months Days	5c UNDER 1 DAY HOURS MINUTES	6 DATE OF BIRTH (Mo, Day, Yr) April 17, 1930	
7 BIRTHPLACE (City and State or Foreign Country) Barbadas, West Indies	8a WAS DECEASED A U.S. VETERAN? No				
8b YEAR LAST SERVED IN U.S. ARMED FORCES? N/A		8c 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"/> Residence <input type="checkbox"/> 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) Mabel Williamson	12a DECEASED'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Machine Operator		12b KIND OF BUSINESS/INDUSTRY Refractory	
13a RESIDENCE-STATE Indiana	13b COUNTY Lake	13c CITY, TOWN, OR LOCATION Merrillville	13d STREET AND NUMBER 2942 West 60th Drive		
13e ZIP CODE 46410	13i INSIDE CITY LIMITS <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	14 CITIZEN OF WHAT COUNTRY? U.S.A.	15 WAS DECEASED 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	
13g ON A FARM? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		17 DECEASED'S EDUCATION (Specify only highest grade completed) Elementary Secondary (0-12) College (1-4 or 5+) 2		18 FATHER'S NAME (First, Middle, Last) Osbert Edwards	
19 MOTHER'S NAME (First, Middle, Maiden Surname) Florence Reid		20a INFORMANT'S NAME (Type/Print) Mabel Williamson-Reid		20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2942 West 60th Drive Merrillville, Indiana 46410	
20c Relationship Wife		21a METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify) Entombment Removal from State			
21b DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) March 17, 2000 Calumet Park Cemetery		21c LOCATION-City or Town, State Merrillville, Indiana			
22a EMBALMER'S NAME Sherman Banks III		22b EMBALMER'S LICENSE NO. FDO 1016254		23 WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
24a SIGNATURE OF FUNERAL DIRECTOR <i>Sherman Banks III</i>		24b LICENSE NUMBER (of Licensee) FDO 1016254		25 NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Smith Bizzell & Warner Funeral Home, Inc. 4209 Grant St, Gary, IN 46408	
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>Rectal Cancer</i> DUE TO (OR AS A CONSEQUENCE OF)					
b _____ 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 DECEASED PREGNANT OR 90 DAYS POSTPARTUM? (Yes or No) NO		28a WAS AN AUTOPSY PERFORMED? 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>Marion A. Trybula</i>		29c MEDICAL LICENSE NO. 01045710		29d DATE SIGNED (Month, Day, Year) 4/5/00	
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) DR. MARION A. TRYBULA M.D. 185 EAST 87th AVE MERRILLVILLE IN. 46410					
31 HEALTH OFFICER'S SIGNATURE <i>Alexander S. Williams MD</i>				32 DATE FILED (Month, Day, Year) April 5, 2000	
33 MANNER OF DEATH 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 <input type="checkbox"/>		34a DATE OF INJURY (Month, Day, Year)	34b TIME OF INJURY	34c INJURY AT WORK (Yes or no)	34d DESCRIBE HOW INJURY OCCURRED HERE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPT <i>APR 05 2000</i>
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>91</i>			
34g DATE PRONOUNCED DEAD (Month, Day, Year)		34h MOTOR VEHICLE ACCIDENT (Yes or no) If yes specify driver, passenger, pedestrian, etc. <i>Alexander S. Williams MD</i> LAKE COUNTY HEALTH COMMISSIONER			

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STOP
CORONER'S OFFICE
INDIANA
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MAY 02 2000
PETER BENJAMIN
LAKE COUNTY AUDITOR

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STATE OF INDIANA
LAKE COUNTY
OFFICE FOR RECORDS