

3cc.

Mary Burns
2920 Wilson Ave
Gary, 46404
44-222-14

*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

07-0391

CERTIFICATE OF DEATH

State No.

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

TYPE/PRINT
IN
PERMANENT
BLACK INK

DECEDENT

PARENTS

INFORMANT

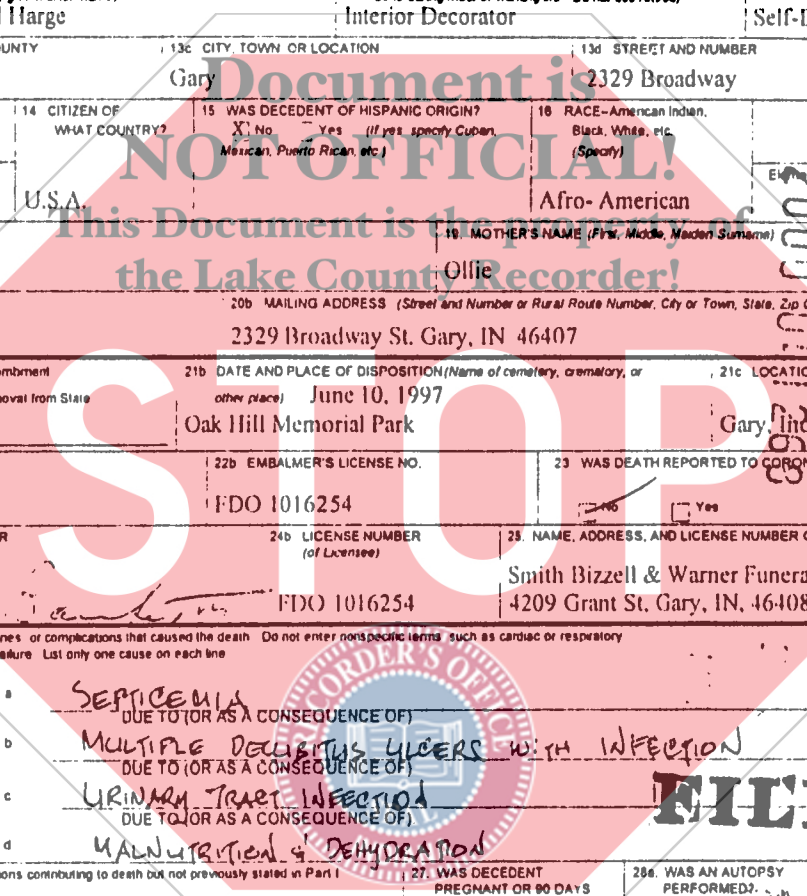
DISPOSITION

CAUSE OF
DEATH

CERTIFIER

HEALTH
OFFICER

1 DECEASED-NAME (First, Middle, Last) Thomas J. Harge		2. SEX Male		3a. TIME OF DEATH 11:58 A M		3b. DATE OF DEATH (Month, Day, Yr) June 05, 1997	
4 SOCIAL SECURITY NUMBER 313-07-4436		5a AGE-Last Birthday (Years) 84		5b UNDER 1 YEAR MONTHS Days 5c UNDER 1 DAY HOURS MINUTES		6. DATE OF BIRTH (Mo, Day, Yr) September 10, 1912	
7 BIRTHPLACE (City and State or Foreign Country) Raymond, MS		8a. WAS DECEDENT A U.S. VETERAN? 8b. YEAR LAST SERVED IN U.S. ARMED FORCES? 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"/> Other (Specify) Residence					
9a. FACILITY NAME (If not institution, give street and number) Gary Methodist Northlake				9b. CITY, TOWN, OR LOCATION OF DEATH Gary		9c. COUNTY OF DEATH Lake	
10. MARITAL STATUS (Specify) Married		11. SURVIVING SPOUSE (If wife, give maiden name) Ethel Harge		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Interior Decorator		12b. KIND OF BUSINESS/INDUSTRY Self-Employed	
13a. RESIDENCE-STATE Indiana		13b. COUNTY Lake		13c. CITY, TOWN OR LOCATION Gary		13d. STREET AND NUMBER 2329 Broadway	
13e. ZIP CODE 46407		13f. INSIDE CITY LIMITS <input checked="" 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.)	
16. FATHER'S NAME (First, Middle, Last) Will Harge		17. MOTHER'S NAME (First, Middle, Maiden Surname) Ollie		18. RACE-American Indian, Black, White, etc. (Specify) Afro-American		17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) <input checked="" type="checkbox"/> 3 College (1-4 or 5+)	
20a. INFORMANT'S NAME (Type/Print) Ethel Harge		20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2329 Broadway St. Gary, IN 46407				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) June 10, 1997 Oak Hill Memorial Park		21c. LOCATION-City or Town, State Gary, 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, FH19600034 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. Approximate Interval Between Onset and Death							
IMMEDIATE CAUSE (Final disease or condition resulting in death)		a. SEPTICEMIA DUE TO (OR AS A CONSEQUENCE OF)				ACUTE	
Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last		b. MULTIPLE DECUBITUS ULCERS WITH INFECTION DUE TO (OR AS A CONSEQUENCE OF)				CHRONIC	
		c. URINARY TRACT INFECTION DUE TO (OR AS A CONSEQUENCE OF)					
		d. MALNUTRITION & DEHYDRATION					
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)		28a. WAS AN AUTOPSY PERFORMED? (Yes or No)		28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or No)		2000	
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 stated on this certificate. <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 stated on this certificate. <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 stated on this certificate.		PETER BENJAMIN LAKE COUNTY AUDITOR					
29b. SIGNATURE AND TITLE OF CERTIFIER <i>G. F. Badar</i>		29c. MEDICAL LICENSE NO. 26783		29d. DATE SIGNED (Month, Day, Year) 6-10-97			
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Dr. G. F. Badar 5490 Broadway Merrillville, Indiana 46410							
31. HEALTH OFFICER'S SIGNATURE <i>Robert M.D. M.P.H.</i>		32. DATE FILED (Month, Day, Year) JUN 11 1997					
33. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accidental <input checked="" 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. DESCRIBE HOW INJURY OCCURRED 00940			
34g. DATE PRONOUNCED DEAD (Month, Day, Year)		34h. MOTOR VEHICLE ACCIDENT (Yes or no) If yes specify driver, passenger, pedestrian, etc.					



FILED

1/20/05