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KEY 44-286-12

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. 09-0592 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) Amerita O. Irons

2. SEX Female

3. TIME OF DEATH 3:02 P.M.

4. DATE OF DEATH (Month, Day, Yr.) August 19, 1999

5. SOCIAL SECURITY NUMBER 311-32-1996

6a. AGE-Last Birthday (Years) 80

6b. UNDER 1 YEAR Months Days

6c. UNDER 1 DAY Hours Minutes

7. DATE OF BIRTH (Mo, Day, Yr) May 21, 1919

8. BIRTHPLACE (City and State or Foreign Country) Helena, Arkansas

9a. WAS DECEDENT A U.S. VETERAN? No

9b. YEAR LAST SERVED IN U.S. ARMED FORCES? N/A

9c. PLACE OF DEATH (Check only one. See instructions.) HOSPITAL: Inpatient ER/Outpatient DOA OTHER: Nursing Home Other (Specify) MORRIS W. CASTLE RECORDER

10. FACILITY NAME (If not institution, give street and number) 1405 Maryland Street

11. CITY, TOWN, OR LOCATION OF DEATH Gary

12. COUNTY OF DEATH Lake

13. MARITAL STATUS (Specify) Widowed

14. SURVIVING SPOUSE (If wife, give maiden name)

15. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Teacher's Aide

16. KIND OF BUSINESS/INDUSTRY Gary Community School Corp.

17a. RESIDENCE-STATE Indiana

17b. COUNTY Lake

17c. CITY, TOWN, OR LOCATION Gary

17d. STREET AND NUMBER 1405 Maryland Street

18a. ZIP CODE 46407

18b. INSIDE CITY LIMITS ( ) No (X) Yes

18c. CITIZEN OF WHAT COUNTRY? U.S.A.

18d. WAS DECEDENT OF HISPANIC ORIGIN? ( ) No (X) Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc.)

18e. RACE-American Indian, Black, White, etc. (Specify) Afro-American

18f. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (9-12) College (1-4 or 6+)

19. FATHER'S NAME (First, Middle, Last) William Hoby

19. MOTHER'S NAME (First, Middle, Maiden Surname) Lucille Williams

20a. INFORMANT'S NAME (Type/Print) Edward Irons III

20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 1326 Maryland Street Gary, Indiana 46407

20c. Relationship Son

21a. METHOD OF DISPOSITION ( ) Entombment (X) Burial ( ) Cremation ( ) Removal from State ( ) Donation ( ) Other (Specify)

21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) August 24, 1999 Oak Hill Cemetery

21c. LOCATION-City or Town, State Gary, Indiana

22a. EMBALMER'S NAME Eddie Bulerin-Govain

22b. EMBALMER'S LICENSE NO. FD29700004

23. WAS DEATH REPORTED TO CORONER? ( ) No (X) Yes

24a. SIGNATURE OF FUNERAL DIRECTOR Eddie Bulerin-Govain

24b. LICENSE NUMBER (of Licensee) FD29700004

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. IMMEDIATE CAUSE (Final disease or condition resulting in death) Acute myocardial infarction DUE TO (OR AS A CONSEQUENCE OF) AUG 3 2000

Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last PETER BENJAMIN LAKE COUNTY AUDITOR

PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I. Hypertension Obesity

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)

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 M. J. Oke...

29c. MEDICAL LICENSE NO. 01082571

29d. DATE SIGNED (Month, Day, Year) 8/23/99

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/print) Oke...

31. HEALTH OFFICER'S SIGNATURE M. J. Oke...

32. DATE FILED (Month, Day, Year) AUG 25 1999

33. MANNER OF DEATH Natural Pending Investigation Accident Suicide Could not be Determined

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.

25X