

\* 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.

6CC  
INDIANA STATE DEPARTMENT OF HEALTH

Local No. ... **98-0281** .....

CERTIFICATE OF DEATH

State No. ....

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

STATE OF INDIANA  
LAKE COUNTY

TYPE/PRINT  
IN  
PERMANENT  
BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF  
DEATH

CERTIFIER

HEALTH  
OFFICER

1 DECEASED—NAME (First, Middle, Last) Howard Tillman		2 SEX Male	3a TIME OF DEATH 9:13 P M	3b DATE OF DEATH (Month, Day, Year) April 10, 1998	
4 SOCIAL SECURITY NUMBER 428-46-8454	5a AGE at Birth (Month, Day, Year) 2006-05-04-5	5b UNDER 1 YEAR Days	5c UNDER 1 DAY Hours Minutes	6 DATE OF BIRTH (Month, Day, Year) January 8, 1929	
7 BIRTHPLACE (City and State or Foreign Country) Popularville, Mississippi	8a WAS DECEDENT 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"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> OTHER: <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence <input type="checkbox"/>		
9a FACILITY NAME (If not institution, give street and number) Methodist Hospital 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) Rose L. Oswalt	12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Car Reconditioner	12b KIND OF BUSINESS/INDUSTRY Tony Rizza Ford		
13a RESIDENCE—STATE Indiana	13b COUNTY Lake	13c CITY, TOWN OR LOCATION Gary	13d STREET AND NUMBER 2965 West 19th Avenue		
13e ZIP CODE 46404	13f 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.)	16 RACE—American Indian, Black, White, etc. (Specify) Black	
17 DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 8th		17 College (1-4 or 5+)			
18 FATHER'S NAME (First, Middle, Last) George Tillman		19 MOTHER'S NAME (First, Middle, Maiden Surname) Julie Hart			
20a INFORMANT'S NAME (Type/Print) Rose L. Tillman		20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2965 West 19th Avenue Gary, Indiana 46404	20c Relationship Wife		
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) April 15, 1998 Oak Hill Cemetery		21c LOCATION—City or Town, State Gary, Indiana	
22a EMBALMER'S NAME Rosenwald D. Allen Jr		22b EMBALMER'S LICENSE NO. #29400047	23 WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
24a SIGNATURE OF FUNERAL DIRECTOR <i>Valerie Rosenwald</i>		24b LICENSE NUMBER (of Licensee) #08700646	25 NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME 83007704 Guy & Allen Funeral Directors, Inc 2959 W. 11th Avenue Gary, Indiana 46404		
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) METASTATIC PROSTATE CA					
DUE TO (OR AS A CONSEQUENCE OF)					
CONDITIONS if any which gave rise to the immediate cause stating the underlying cause last					
DUE TO (OR AS A CONSEQUENCE OF)					
DUE TO (OR AS A CONSEQUENCE OF)					
PART II Other significant conditions - Conditions contributing to death but not previously stated in Part I					
27a WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) NO		27b WAS AN AUTOPSY PERFORMED? (Yes or no) NO	27c WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) -----		
PETER BENJAMIN LAKE COUNTY AUDITOR					
28a CERTIFIER (Check only one) <input checked="" type="checkbox"/> CERTIFYING PHYSICIAN To the best of my knowledge, based on the facts 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.					
29a SIGNATURE AND TITLE OF CERTIFIER <i>Quintana Izamo</i>		29b MEDICAL LICENSE NO. 01042994	29c DATE SIGNED (Month, Day, Year) 04-16-98		
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) AUGUSTINE J. ZAH, M.D. 1619 W. 5th AVENUE GARY, IN 46404					
31 HEALTH OFFICER'S SIGNATURE <i>Augustine J. Zah</i>			32 DATE FILED (Month, Day, Year) APR 22 1998		
33 MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> 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) 01226 05			
34g DATE PRONOUNCED DEAD (Month, Day, Year)		34h MOTOR VEHICLE ACCIDENT? (Yes or no) If yes specify driver, passenger, pedestrian, etc. 900-14			

Block 2  
lots 15, 16, 17  
Add to Tolleston  
Germania #1

Unit #25  
Key # H 3-261-15, 16, 17

NOT OFFICIAL  
This Document is the property of  
the Lake County Recorder

AUG 17 2008

FILED



### Official Stamp

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2000 059645

2000 AUG 17 PM 3:53

MORRIS W. CARTER  
RECORDER

## Document Mail Back to Information Sheet

**Document is NOT OFFICIAL!**  
This Document is the property of  
the Lake County Recorder!

This is where you want the recorded document sent back to when it has completed the recording process.

Name ~~HANESS~~ Rose Tillman

Address 2965 West 19th Avenue

City St Zip Gary 46404

Telephone (219) 977-0450

Signature Printed Rose L. Tillman

Signature Written Rose L. Tillman

Date of Signature 8/17/00

Check Number \_\_\_\_\_

Check Amount 900

### Office Use Only

Check Equals Amount Due  Yes  No

Total \_\_\_\_\_

Initials 900