

* 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.

12CC + 3 Free VETS

INDIANA STATE DEPARTMENT OF HEALTH

Key # 45-99-25

Local No. 00...0085.....

CERTIFICATE OF DEATH

State No.

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

STATE OF INDIANA

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

PARENTS

INFORMANT

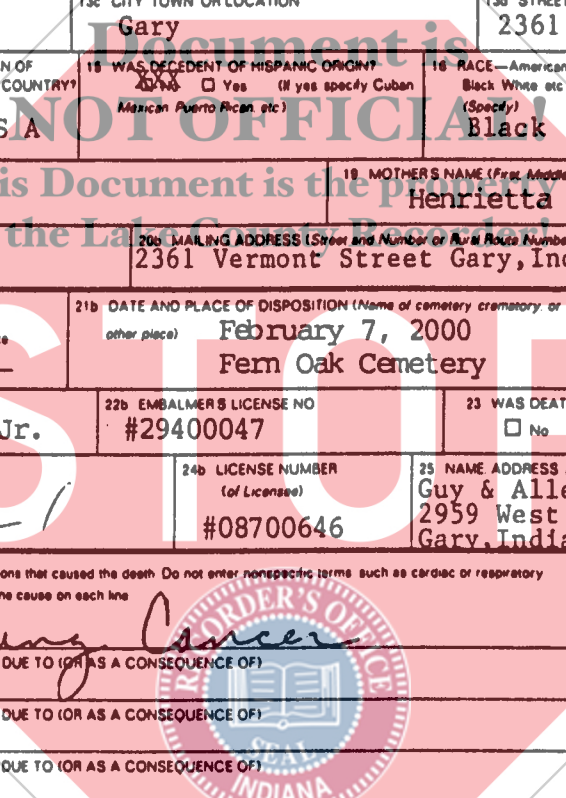
DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

1 DECEASED—NAME (First Middle Last) Leander Wells Jr. FILE		2 SEX Male	3a TIME OF DEATH 6:00 A.M.	3b DATE OF DEATH (Month Day Yr.) February 2, 2000
4 SOCIAL SECURITY NUMBER 427-10-6719	5a AGE—Last Birthday (Years) 80	5b UNDER 1 YEAR Months Days	5c UNDER 1 DAY Hours Minutes	6 DATE OF BIRTH (Mo. Day Yr.) January 8, 1920
7 BIRTHPLACE (City and State or Foreign Country) Brookhaven, Mississippi	8a WAS DECEDENT A U.S. VETERAN? YES	8b YEAR LAST SERVED IN U.S. ARMED FORCES? 1945	8c PLACE OF DEATH (Check only one. See instructions) HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> HOME <input checked="" type="checkbox"/> MORIBUND <input type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify)	
9a FACILITY NAME (If not institution, give street and number) 2361 Vermont Street	9b CITY/TOWN OR LOCATION OF DEATH Gary	9c COUNTY OF DEATH Lake	9d COUNTY OF DEATH Lake	
10 MARITAL STATUS Married	11 SURVIVING SPOUSE (If wife, give maiden name) Lucy Mae Brown	12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Craneman	12b KIND OF BUSINESS/INDUSTRY Inland Steel Corp.	
13a RESIDENCE—STATE Indiana	13b COUNTY Lake	13c CITY/TOWN OR LOCATION Gary	13d STREET AND NUMBER 2361 Vermont Street	
13a ZIP CODE 46407	13b INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	14 CITIZEN OF WHAT COUNTRY? USA	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) 12th	18 FATHER'S NAME (First Middle Last) Leander Wells	19 MOTHER'S NAME (First Middle Maiden Surname) Henrietta Smith		
20a INFORMANT'S NAME (Type/Print) Lucy M. Wells	20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2361 Vermont Street Gary, Indiana 46407	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) February 7, 2000 Fern Oak Cemetery	21c LOCATION—City or Town, State Griffith, Indiana		
22a EMBALMER'S NAME Rosenwald D. Allen Jr.	22b EMBALMER'S LICENSE NO. #29400047	23 WAS DEATH REPORTED TO CORONER? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		
24a SIGNATURE OF FUNERAL DIRECTOR <i>Walter G. Brown</i>	24b LICENSE NUMBER (of Licensee) #08700646	25 NAME, ADDRESS AND LICENSE NUMBER OF FUNERAL HOME Guy & Allen Funeral Directors, Inc. 2959 West 11th Avenue Gary, Indiana 46404 83007704		
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) Lung Cancer DUE TO (OR AS A CONSEQUENCE OF)		Approximate Interval Between Onset and Death		
Conditions if any which gave rise to the immediate cause stating the underlying cause last 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 DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) No		
		28a WAS AN AUTOPSY PERFORMED? (Yes or no)		28b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no)
		PETER BENJAMIN LAKE COUNTY AUDITOR		
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>Gene C. Browning M.D.</i>	29c MEDICAL LICENSE NO. 01033136	29d DATE SIGNED (Month Day Year) 2/8/00	
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 28) (Type/Print) Gene C. Browning MD 636 E. 21st Ave Gary IN 46407				
31 HEALTH OFFICER'S SIGNATURE <i>[Signature]</i>			32 DATE FILED (Month Day Year) FEB 14 2000	
33 MANNER OF DEATH <input type="checkbox"/> 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	34a DATE OF INJURY (Month Day Year)	34b TIME OF INJURY	34c INJURY AT WORK? (Yes or no)	34d DESCRIBE HOW INJURY OCCURRED 01320
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.		



CASH 9:00 AM



Official Stamp

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2000 060078

2000 AUG 18 PM 1:42

MORRIS W. CARTER
RECORDER

Document Mail Back to Information Sheet

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

Name

Lucy Mae Wells

Address

2361 Vermont Street

City St Zip

Bary 46407-3255

Telephone

(219) 883-2866

Signature Printed

Signature Written

Date of Signature

Check Number

Check Amount

CASH 9.00

Office Use Only

Check Equals Amount Due Yes No

Total

Initials *AM*