

* 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.

5cc INDIANA STATE DEPARTMENT OF HEALTH

Local No. 00 0450

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

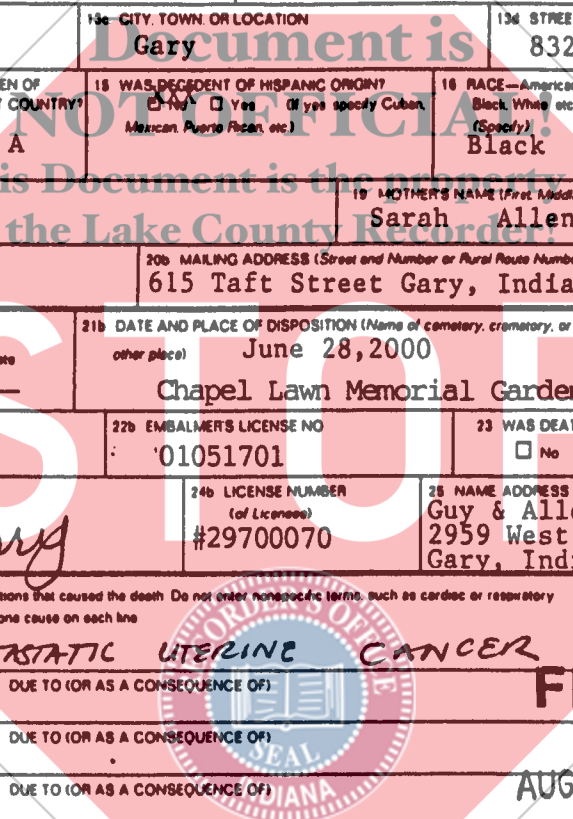
CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

1 DECEASED—NAME (First Middle Last) Mary Juanita Richards		2 SEX Female	3a TIME OF DEATH 3:15 P M	3b DATE OF DEATH (Month Day, Yr) June 22, 2000	
4 *SOCIAL SECURITY NUMBER 178-12-9561	5a AGE—Last Birthday (Years) 82	5b UNDER 1 YEAR Months Days	5c UNDER 1 DAY Hours Minutes	6 DATE OF BIRTH (Mo. Day, Yr) March 31, 1918	
7 BIRTHPLACE (City and State or Foreign Country) Gary, Indiana	8a WAS DECEDENT A U.S. VETERAN? NO		8b YEAR LAST SERVED IN U.S. ARMED FORCES? N/A		
9a FACILITY NAME (If not mentioned in item 8b, give name and number) 615 Taft Street		9b PLACE OF DEATH (Check only one See instructions) HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input checked="" type="checkbox"/> Other (Specify) 2000 AUG 18 10 45 AM			
10 MARITAL STATUS (Specify) Divorced	11 SURVIVING SPOUSE (If wife give maiden name) N/A	12a DECEASED'S USUAL OCCUPATION (Give kind of work done during most of working life Do not use retired) Musician	12b KIND OF BUSINESS/INDUSTRY First United Presbyterian Church	13a CITY, TOWN OR LOCATION OF DEATH GARY, INDIANA	
13b COUNTY OF DEATH Lake	13c RESIDENCE—STATE Indiana	13d COUNTY Lake	13e CITY, TOWN OR LOCATION Gary	13f STREET AND NUMBER 832 East 14th Avenue	
13g ZIP CODE 46407	13h INSIDE CHX. LIMITS <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	14 CITIZEN OF WHAT COUNTRY? USA	15 WAS DECEDENT OF HISPANIC ORIGIN? <input 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) 10th		17 College (11-4 or 5+)			
18 FATHER'S NAME (First Middle Last) William Morris		19 MOTHER'S NAME (First Middle Maiden Surname) Sarah Allen			
20a INFORMANT'S NAME (Type/Print) Yvonne Jolly-Donald		20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 615 Taft Street Gary, Indiana 46404		20c Relationship Daughter	
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 28, 2000 Chapel Lawn Memorial Gardens		21c LOCATION—City or Town, State Scherverville, Indiana	
22a EMBALMER'S NAME Roosevelt Allen Jr.		22b EMBALMER'S LICENSE NO. 01051701	23 WAS DEATH REPORTED TO CORONER? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		
24 SIGNATURE OF FUNERAL DIRECTOR <i>Carmelita Perry</i>		24b LICENSE NUMBER (of Licensee) #29700070	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 deceased 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. METASTATIC UTERINE CANCER		Approximate Interval Between Onset and Death			
Conditions if any which gave rise to the immediate cause stating the underlying cause last b. DUE TO (OR AS A CONSEQUENCE OF)		FILE			
c. DUE TO (OR AS A CONSEQUENCE OF)		AUG 18 2000			
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 DECEDENT PREGNANT OR GAVE BIRTH POSTPARTUM (Yes or no) No	28a NAME ADDRESS AND LICENSE NUMBER OF PETER BENJAMIN LAKE COUNTY AUDITOR	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>Antoine Izum</i>			
29c MEDICAL LICENSE NO. 01042994		29d DATE SIGNED (Month Day Year) 070300			
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) AUGUSTINE 12th, 1619 W 5 Ave, GARY IN, 46403					
31 HEALTH OFFICER'S SIGNATURE <i>[Signature]</i> MD, MP			32 DATE FILED (Month Day Year) JUL 12 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"/> Homicide <input type="checkbox"/> Could not be determined		33a DATE OF INJURY (Month Day Year)	33b TIME OF INJURY	33c INJURY AT WORK? (Yes or no)	33d DESCRIBE HOW INJURY OCCURRED
34a PLACE OF INJURY—At home farm street factory office building etc (Specify)		34b 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		01321	

Unit #25 Key #42-301-40 Cheadle's 1st Add lot 40 Block 1



CASH 9.00 AM



Official Stamp

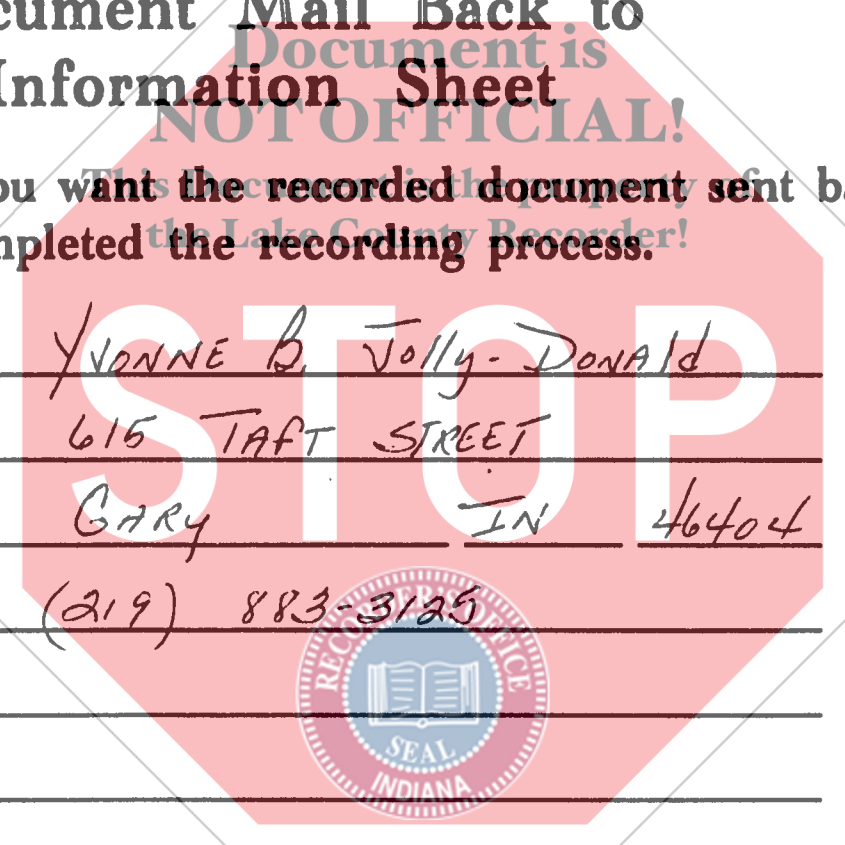
STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2000 060079

2000 AUG 18 PM 1:51

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RECORDER

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Information Sheet**



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

Name YVONNE B. JOLLY-DONALD

Address 615 TAFT STREET

City St Zip GARY IN 46404

Telephone (219) 883-3125

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