2000-066339 Key # 35-56-31

* 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.

Local No. 632

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

THIS CERTIFIES THE FOLLOWING IS A TRUE AND COMPLETE COPY OF DEATH ON FILE WITH THE HAMMOND HEALTH DEPARTMENT.

Aug. 10, 2000 — Date Issued — [signature] Hammond Health Commissioner

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

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

Field	Entry
1 DECEASED—NAME (First Middle Last)	Willie Roger Rias
2 SEX	Male
3a TIME OF DEATH	9:45 P M
3b DATE OF DEATH (Month Day Yr)	August 6, 2000
4 *SOCIAL SECURITY NUMBER	423-26-7854
5a AGE—Last Birthday (Years)	68
5b UNDER 1 YEAR (Months / Days)	
5c UNDER 1 DAY (Hours / Minutes)	
6 DATE OF BIRTH (Mo Day Yr)	March 21, 1932
7 BIRTHPLACE (City and State or Foreign Country)	Russell County, Alabama
8a WAS DECEDENT A U.S. VETERAN?	Yes
8b YEAR LAST SERVED IN US ARMED FORCES?	1955
9a PLACE OF DEATH (Check only one. See instructions)	HOSPITAL: ☒ Inpatient ☐ ER/Outpatient ☐ DOA; OTHER: ☐ Nursing Home ☐ Residence ☐ Other (Specify)
9b FACILITY NAME (If not institution, give street and number)	St. Margaret Hospital
9c CITY, TOWN OR LOCATION OF DEATH	Hammond
9d COUNTY OF DEATH	Lake
10 MARITAL STATUS (Specify)	Married
11 SURVIVING SPOUSE (If wife, give maiden name)	Annie Hicks
12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired)	Crane Operator
12b KIND OF BUSINESS/INDUSTRY	Combustion Engineering
13a RESIDENCE—STATE	Indiana
13b COUNTY	Lake
13c CITY, TOWN OR LOCATION	Hammond
13d STREET AND NUMBER	1011 Morris Street
13e ZIP CODE	46320
13f INSIDE CITY LIMITS	☐ No ☒ Yes
13g ON A FARM?	☒ No ☐ Yes
14 CITIZEN OF WHAT COUNTRY?	USA
15 WAS DECEDENT OF HISPANIC ORIGIN? (If yes, specify Cuban, Mexican, Puerto Rican, etc.)	☒ No ☐ Yes
16 RACE—American Indian, Black, White, etc. (Specify)	Black
17 DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) / College (1-4 or 5+)	6th Grade

PARENTS

Field	Entry
18 FATHER'S NAME (First Middle Last)	Smith Rias
19 MOTHER'S NAME (First Middle Maiden Surname)	Lurlean Lloyd

INFORMANT

Field	Entry
20a INFORMANT'S NAME (Type/Print)	Annie Rias
20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)	1011 Morris St, Hammond, Indiana 46320
20c Relationship	Wife

DISPOSITION

Field	Entry
21a METHOD OF DISPOSITION	☐ Burial ☐ Cremation ☐ Donation ☐ Entombment ☒ Removal from State ☐ Other (Specify)
21b DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory or other place)	August 11, 2000 Ross Chapel AME Zion Cemetery
21c LOCATION—City or Town, State	Hurtsboro, Alabama
22a EMBALMER'S NAME	Tracy Cheri Williams
22b EMBALMER'S LICENSE NO	FD08600238
23 WAS DEATH REPORTED TO CORONER?	☒ No ☐ Yes
24a SIGNATURE OF FUNERAL DIRECTOR	Tracy Cheri Williams
24b LICENSE NUMBER (of Licensee)	FD08600238
25 NAME, ADDRESS AND LICENSE NUMBER OF FUNERAL HOME	Hinton-Williams Funeral Home 8300152 4859 Alexander Avenue East Chicago, Indiana 46312 FOR: STOVALL FUNERAL HOME HURTSBORO AL

CAUSE OF DEATH

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.

	Cause	Approximate Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition resulting in death) a	Septic Shock	
b DUE TO (OR AS A CONSEQUENCE OF)		
c DUE TO (OR AS A CONSEQUENCE OF)		
d DUE TO (OR AS A CONSEQUENCE OF)		

Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last.

PART II Other significant conditions. Conditions contributing to death but not previously stated in Part I: Bilateral heel ulcers; End stage Renal disease

Field	Entry
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)	no

CERTIFIER

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.

Field	Entry
29b SIGNATURE AND TITLE OF CERTIFIER	[signature]
29c MEDICAL LICENSE NO	01030716
29d DATE SIGNED (Month Day Year)	8/8/00 (August)
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print)	DR. Kheirbek, 5454 Hohman Avenue, Hammond IN 46320

HEALTH OFFICER

Field	Entry
31 HEALTH OFFICER'S SIGNATURE	Franklin D. Sremuda M.D.
32 DATE FILED (Month Day Year)	August 10, 2000

FILED

Field	Entry
33 MANNER OF DEATH	☐ Natural ☐ Pending Investigation ☐ Accident ☐ Suicide ☐ Could not be Determined ☐ Homicide
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.	

C6694

SEP 12 2000

PETER BENJAMIN
LAKE COUNTY AUDITOR

Cash

SDH06-004 State Form 10110 (R4/3-93) Deathcer/PD 1

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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

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MORRIS W. CARTER
RECORDER

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Name Annie Lee Rias

Address 1011 Morris St

City St Zip Hammond Ind 46320

Telephone

Signature Printed ANNIE LEE RIAS

Signature Written Annie Lee Rias

Date of Signature 9-12-00

Check Number

Check Amount $9 Cash

Office Use Only

Check Equals Amount Due ☐ Yes ☐ No

Total

Initials