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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. 0156-00... CERTIFICATE OF DEATH State No.

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

TYPE/PRINT IN PERMANENT BLACK INK

1. DECEASED NAME (First, Middle, Last) **Jacob Washington** 2. SEX **Male** 3a. TIME OF DEATH **12:43 P** 3b. DATE OF DEATH (Month, Day, Yr) **March 08, 2000**

4. SOCIAL SECURITY NUMBER **435-66-5853** 5a. AGE-Last Birthday (Years) **54** 5b. UNDER 1 YEAR **Months** 5c. UNDER 1 DAY **Days** 6. DATE OF BIRTH (Mo, Day, Yr) **August 14, 1945** 7. BIRTHPLACE (City and State or Foreign Country) **St. Joseph, Louisiana**

8a. WAS DECEDENT A U.S. VETERAN? **No** 8b. YEAR LAST SERVED IN U.S. ARMED FORCES? **N/A** 9. PLACE OF DEATH (Check only one. See instructions.) **HOSPITAL: Inpatient BR/Outpatient DCA OTHER: Nursing Home Residences Other (Specify)**

10. DECEASED 10a. FACILITY NAME (If not institution, give street and number) **Methodist Hospital Southlake** 10b. CITY, TOWN, OR LOCATION OF DEATH **Merrillville** 10c. COUNTY OF DEATH **Lake**

11. MARITAL STATUS (Specify) **Married** 11a. FURNISHED SPEC. (If wife, give maiden name) **Beverly Brown** 11b. OCCUPATION (Specify) **Truck Driver** 11c. TRANSPORTATION **Transpotation**

12a. RESIDENCE-STATE **Indiana** 12b. COUNTY **Lake** 12c. CITY, TOWN, OR LOCATION **Gary** 12d. STREET AND NUMBER **3594 Virginia Street**

13a. ZIP CODE **46409** 13b. INSIDE CITY LIMITS **X No** 13c. CITIZEN OF U.S.A. **U.S.A.** 13d. WAS DECEDENT OF HISPANIC ORIGIN? **No** 13e. RACE-American Indian, Black, White, etc. **Afro-American** 13f. DECEASED'S EDUCATION (Specify only highest grade completed) **Elementary/Secondary (9-12) College (1-4 or 5+)**

PARENTS

14. FATHER'S NAME (First, Middle, Last) **Charles Washington** 15. MOTHER'S NAME (First, Middle, Maiden Surname) **Alma Turner**

INFORMANT

16. INFORMANT'S NAME (Type/Print) **Beverly Washington** 17. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) **3594 Virginia Street Gary, Indiana 46407** 18. Relationship **Wife**

DISPOSITION

19. METHOD OF DISPOSITION **Burial Cremation Donation Other (Specify)** 20. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) **March 13, 2000 Oak Hill Crematory** 21. LOCATION (City or Town, State) **Gary, IN**

22a. EMBALMER'S NAME **Sherman Banks III** 22b. EMBALMER'S LICENSE NO. **FDO 1016254** 22c. WAS DEATH REPORTED TO CORONER? **No**

23a. SIGNATURE OF FUNERAL DIRECTOR *Sherman Banks III* 23b. LICENSE NUMBER (of Licensee) **FDO 1016254** 23c. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME **Smith Blizzell & Warner Funeral Home, FH19600034 4209 Grant St. Gary, IN, 46408**

CAUSE OF DEATH

24. 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) **1. Gash on forehead bleed s/p colectomy**
2. Gonorrhea gall bladder s/p cholecystectomy
3. Severe Anemia (Refused Transfusion)

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. **Chronic Renal Failure End Stage Renal Disease Hypertension**

25. WAS DECEDENT PREGNANT OR 99 DAYS POSTPARTUM? (Yes or No) **NO** 26. WAS AN AUTOPSY PERFORMED? (Yes or No) **NO** 27. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or No) **NO**

CERTIFIER

28a. 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.

28b. SIGNATURE AND TITLE OF CERTIFIER *Sandra L. Gadson, M.D.* 28c. MEDICAL LICENSE NO. **1029625** 28d. DATE SIGNED (Month, Day, Year) **March 21, 2000**

HEALTH OFFICER

29. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) **DR. S.L. Gadson 569 Tyler Gary, IN 46404**

31. HEALTH OFFICER'S SIGNATURE *Alexander Williams MD* 32. DATE FILED (Month, Day, Year) **March 27, 2000**

DULY ENTERED FOR TAXATION SUBJECT TO FINAL ACCEPTANCE FOR TRANSFER

33. MANNER OF DEATH **00708** 34a. DATE OF INJURY (Month, Day, Year) **00708** 34b. TIME OF INJURY **00708** 34c. INJURY AT WORK (Yes or no) **NO** 34d. DESCRIBE HOW INJURY OCCURRED THIS CERTIFIES THE ABOVE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPT.

35. PLACE OF INJURY-At home, farm, street, factory, office building, etc (Specify) **00708** 36. LOCATION (Street and Number or Rural Route Number, City or Town, State) **MAR 27 2000**

37. DATE PRONOUNCED DEAD (Month, Day, Year) **SEP 12 2000** 38. MOTOR VEHICLE ACCIDENT (Yes or no) **NO** If yes specify driver, passenger, pedestrian, etc.

39. DATE PRONOUNCED DEAD (Month, Day, Year) **SEP 12 2000** 39a. MOTOR VEHICLE ACCIDENT (Yes or no) **NO** If yes specify driver, passenger, pedestrian, etc.

PETER BENJAMIN LAKE COUNTY AUDITOR **BDH06-004 State Form 10110-06 (R4/3-93) Deathcer/PD 1**

Alexander Williams MD LAKE COUNTY HEALTH COMMISSIONER

2000-06-31

STATE OF INDIANA
FILED FOR RECORDING
SEP 12 2000

Tom Cash



Official Stamp

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORDING

2000 066381

2000 SEP 12 PM 2:35

LAKE COUNTY RECORDER

Document Mail Back to Information Sheet

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Lary An. 46409

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(219) 887-9710

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BEVERLY WASHINGTON

Signature Written

Beverly Washington

Date of Signature

09/12/00

Check Number

Check Amount

Office Use Only

Check Equals Amount Due Yes No

Total

Initials