

* 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

CERTIFICATE OF DEATH

State No.

Local 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) David Dodson				2 SEX Male		3a TIME OF DEATH 9:00A _M		3b DATE OF DEATH (Month Day, Yr) September 5, 1999					
4 *SOCIAL SECURITY NUMBER 309-52-5978		5a AGE—Last Birthday (Year) 51		5b UNDER 1 YEAR Months Days		5c UNDER 1 DAY Hours Minutes		6 DATE OF BIRTH (Mo Day, Yr) July 23, 1948		7 BIRTHPLACE (City and State or Foreign Country) Salem, IL			
8a WAS DECEDENT A U.S. VETERAN? No		8b YEAR LAST SERVED IN U.S. ARMED FORCES? None		9a PLACE OF DEATH (Check only one See instructions) HOSPITAL <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> OOA				OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence					
9b FACILITY NAME (If not institution, give street and number) Broadway Methodist						9c CITY TOWN OR LOCATION OF DEATH Gary			9d COUNTY OF DEATH Lake				
10 MARITAL STATUS Widow		11 SURVIVING SPOUSE (If wife, give maiden name) ---		12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Millwright				12b KIND OF BUSINESS/INDUSTRY Paper Mill					
13a RESIDENCE—STATE IN		13b COUNTY Lake		13c CITY TOWN OR LOCATION Griffith		13d STREET AND NUMBER 4630 Ralston Place							
13e ZIP CODE 46319		13f INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		13g ON A FARM? <input checked="" type="checkbox"/> No <input 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) White		17 DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary Secondary (9-12) College (1-4 or 5 +) 12 ⁵ ---	
18 FATHER'S NAME (First Middle Last) Charles G. Dodson						19 MOTHER'S NAME (First Middle Maiden Surname) Virginia Wimberly							
20a INFORMANT'S NAME (Type/Print) Melvin Dodson				20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 4630 Ralston Pl Griffith, IN 46319				20c Relationship Brother					
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) September 8, 1999 Ridgelawn Cemetery				21c LOCATION—City or Town, State Griffith, IN					
22a EMBALMER'S NAME John T. Noble				22b EMBALMER'S LICENSE NO. 9000031		23 WAS DEATH REPORTED TO CORONER? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes							
24a SIGNATURE OF FUNERAL DIRECTOR <i>Thomas J. Burns</i>				24b LICENSE NUMBER (of Licensee) 1045184		25 NAME ADDRESS AND PHONE NUMBER OF FUNERAL HOME Burns-Kish Funeral Home #880013 921 Griffith, IN 46319							
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) a. <u>vascular collapse</u> DUE TO (OR AS A CONSEQUENCE OF) b. <u>Pending further study</u> DUE TO (OR AS A CONSEQUENCE OF) c. _____ DUE TO (OR AS A CONSEQUENCE OF) d. _____ Conditions if any which gave rise to the immediate cause stating the underlying cause last													
26 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) Yes		28b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) Pending			
29a CERTIFIER (Check only one) <input 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. Deputy <input checked="" 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>Helen Sanok</i>						29c MEDICAL LICENSE NO. N/A		29d DATE SIGNED (Month Day Year) September 8, 1999					
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Helen Sanok, Deputy Coroner, 2900 West 93rd Avenue, Crown Point, Indiana 46307													
31 HEALTH OFFICER'S SIGNATURE <i>Thomas M. M.P.H.</i>										32 DATE FILED (Month Day Year) SEP 08 1999			
33 MANNER OF DEATH <input type="checkbox"/> Natural <input checked="" 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 01463					
34a PLACE OF INJURY—At home farm street factory office building, etc. (Specify)						34d LOCATION (Street and Number or Rural Route Number, City or Town, State)							
34g DATE PRONOUNCED DEAD (Month Day Year) September 5, 1999				34h MOTOR VEHICLE ACCIDENT? (Yes or no. If yes specify driver passenger pedestrian, etc.)									

9.27
C.S.



STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2000 075544

2000 OCT 17 PM 12:55

MORRIS W. CARTER
RECORDER

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Signature Written Virginia E. Francisco

Date of Signature 10.17.00

Check Number CASH

Check Amount CASH \$ 9.00

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Check Equals Amount Due Yes No

Total 9.00

Initials A.C.