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file # 41-305-1

* 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. 12-01 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) Arthur Fannin		2. SEX Male	3a TIME OF DEATH 10:30 P M	3b. DATE OF DEATH (Month, Day, Yr.) May 27, 2001
4. *SOCIAL SECURITY NUMBER 358-48-4217	5a AGE--Last Birthday (Years) 65	5b UNDER 1 YEAR Months Days	5c UNDER 1 DAY Hours Minutes	6. DATE OF BIRTH (Mo, Day, Yr) March 13, 1936
7. BIRTHPLACE (City and State or Foreign Country) Pine Mountain, Georgia	8a. WAS DECEDENT A U.S. VETERAN? No	8b YEAR LAST SERVED IN U.S. ARMED FORCES? N/A	9a PLACE OF DEATH (Check only one. See instructions.) HOSPITAL: <input checked="" type="checkbox"/> Inpatient ER/Outpatient DOA OTHER: <input type="checkbox"/> Nursing Home Residence Other (Specify)	
9b. FACILITY NAME (If not institution, give street and number) Methodist Hospital Southlake	9c. CITY, TOWN, OR LOCATION OF DEATH Merrillville	9d. COUNTY OF DEATH Lake		
10. MARITAL STATUS (Specify) Married	11. SURVIVING SPOUSE (If wife, give maiden name) Alice Becton	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Mason	12b. KIND OF BUSINESS/INDUSTRY Young Construction	
13a. RESIDENCE--STATE Indiana	13b. COUNTY Lake	13c. CITY, TOWN, OR LOCATION Gary	13d. STREET AND NUMBER 4446 West 24th Place	
13e. ZIP CODE 46404	13f. INSIDE CITY LIMITS <input checked="" type="checkbox"/> No <input checked="" 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) Black
17. DECEDENT'S EDUCATION (Specify only highest grade completed) 8	17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+)	18. FATHER'S NAME (First, Middle, Last) Henry Fannin		
19. MOTHER'S NAME (First, Middle, Maiden Surname) Dennie Hopkin		20a. INFORMANT'S NAME (Type/Print) Alice Fannin		
20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 4446 West 24th Place Gary, Indiana 46404		20c. Relationship Wife		
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 01, 2001 Oak Hill Cemetery		21c. LOCATION--City or Town, State Gary, IN	
22a. EMBALMER'S NAME Sherman Banks III	22b. EMBALMER'S LICENSE NO. FD 01016234	23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
24a. SIGNATURE OF FUNERAL DIRECTOR <i>Malanda Jackson Smith</i>	24b. LICENSE NUMBER (of Licensee) FD 20000361	25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Smith Bizzell & Warner Funeral Home, FH19600034 4209 Grant St, Gary, IN, 46408		
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. SEPTICEMIA DUE TO (OR AS A CONSEQUENCE OF) b. RENAL FAILURE DUE TO (OR AS A CONSEQUENCE OF) c. CARCINOMA OF LUNG DUE TO (OR AS A CONSEQUENCE OF) d. Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last		Approximate Interval Between Onset and Death 1 WEEK 2 WEEKS 2 MONTHS		
PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I		27. WAS DECEDENT PREVIOUSLY 90 DAYS OR MORE IN AN AUTOPSY PERFORMED? (Yes/No) NO	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>Peter Benjamin</i> PETER BENJAMIN LAKE COUNTY AUDITOR		29d. DATE SIGNED (Month, Day, Year) 5-30-01	
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) 125 E. 29th Merrillville IN 46410, DR Barai				
31. HEALTH OFFICER'S SIGNATURE <i>Susan W. But. D.O.</i>		32. DATE FILED (Month, Day, Year) June 1, 2001		
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
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/No) If yes specify driver, passenger, pedestrian, etc.		



Handwritten initials and marks at the bottom right corner.