* **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. 02 0021

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No. ....

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

TYPE/PRINT IN PERMANENT BLACK INK

2002 009627

DECEDENT

- 1. DECEASED—NAME (First, Middle, Last): Andrea June Collins
- 2. SEX: Female
- 3a. TIME OF DEATH: 5:47 A M
- 3b. DATE OF DEATH (Month, Day, Yr): January 15, 2002
- 4. *SOCIAL SECURITY NUMBER: 356-36-5119
- 5a. AGE—Last Birthday (Years): 57
- 5b. UNDER 1 YEAR: Months / Days
- 5c. UNDER 1 DAY: Hours / Minutes
- 6. DATE OF BIRTH (Mo, Day, Yr): July 28, 1944
- 7. BIRTHPLACE (City and State or Foreign Country): Chicago, Il
- 8a. WAS DECEDENT A U.S. VETERAN?: n/a
- 8b. YEAR LAST SERVED IN U.S. ARMED FORCES?: n/a
- 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): Northlake Methodist Hospital
- 9c. CITY, TOWN, OR LOCATION OF DEATH: Gary
- 9d. COUNTY OF DEATH: Lake
- 10. MARITAL STATUS (Specify): Married
- 11. SURVIVING SPOUSE (If wife, give maiden name): Ernest Collins
- 12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired):
- 12b. KIND OF BUSINESS/INDUSTRY: Nursing Home
- 13a. RESIDENCE—STATE: Indiana
- 13b. COUNTY: Lake
- 13c. CITY, TOWN, OR LOCATION: Gary
- 13d. STREET AND NUMBER: 5012 Adams St.
- 13e. ZIP CODE: 46409
- 13f. INSIDE CITY LIMITS: ☐ No ☒ Yes
- 13g. ON A FARM?: ☒ No ☐ Yes
- 14. CITIZEN OF WHAT COUNTRY?: USA
- 15. WAS DECEDENT OF HISPANIC ORIGIN? ☒ No ☐ 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): 12; College (1-4 or 5 +): 2

PARENTS

- 18. FATHER'S NAME (First, Middle, Last): Edgar Dorsey
- 19. MOTHER'S NAME (First, Middle, Maiden Surname): Martha Brown

INFORMANT

- 20a. INFORMANT'S NAME (Type/Print): Ernest Collins
- 20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 5012 Adams Gary, In. 46409
- 20c. Relationship: Husband

DISPOSITION

- 21a. METHOD OF DISPOSITION: ☒ Burial ☐ Cremation ☐ Entombment ☐ Removal from State ☐ Donation ☐ Other (Specify)
- 21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): January 19, 2002 Queen Of Heaven
- 21c. LOCATION—City or Town, State: Hillside, Il.
- 22a. EMBALMER'S NAME: Leon Coleman Jr.
- 22b. EMBALMER'S LICENSE NO.: 4523
- 23. WAS DEATH REPORTED TO CORONER?: ☒ No ☐ Yes
- 24a. SIGNATURE OF FUNERAL DIRECTOR: [signature]
- 24b. LICENSE NUMBER (of Licensee): 104-5231
- 25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME: Powell-Coleman Funeral Home 1901 Washington St. Gary, In. 8860243Y

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. (Approximate Interval Between Onset and Death)

IMMEDIATE CAUSE (Final disease or condition resulting in death)

- a. Adenocarcinoma of unknown
- DUE TO (OR AS A CONSEQUENCE OF)
- b. Respiratory Failure
- DUE TO (OR AS A CONSEQUENCE OF)
- c. Hypotension
- DUE TO (OR AS A CONSEQUENCE OF)
- d.

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

- 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):

FILED
JAN 28 2002
PETER BENJAMIN
LAKE COUNTY AUDITOR

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.
- 29b. SIGNATURE AND TITLE OF CERTIFIER: [signature]
- 29c. MEDICAL LICENSE NO.: 01041856
- 29d. DATE SIGNED (Month, Day, Year): 1-23-02
- 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print): Paul C Okodocha 2054 Grant St Gary IN 46404

HEALTH OFFICER

- 31. HEALTH OFFICER'S SIGNATURE: [signature] MD MPH
- 32. DATE FILED (Month, Day, Year): JAN 23 2002

- 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): 1719
- 34g. DATE PRONOUNCED DEAD (Month, Day, Year):
- 34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.

9 7n 1t. CS

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

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