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

Local No. 1105-01 State No.

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

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

Field	Value
1. Deceased–Name (First, Middle, Last)	Annie P. Woody
2. Sex	Female
3a. Time of Death	2:25 P.M
3b. Date of Death (Month, Day, Yr.)	May 15, 2001
4. Social Security Number	310-44-4229
5a. Age–Last Birthday (Years)	73
6. Date of Birth (Mo. Day, Yr)	July 29, 1927
7. Birthplace (City and State or Foreign Country)	Centre, Alabama
8a. Was Decedent a U.S. Veteran?	No
8b. Year Last Served in U.S. Armed Forces?	N/A
9a. Place of Death	Hospital: X Inpatient
9b. Facility Name	Methodist Hospital Southlake
9c. City, Town, or Location of Death	Merrillville
9d. County of Death	Lake
10. Marital Status	Married
11. Surviving Spouse	Earl Woody
12a. Decedent's Usual Occupation	School Teacher
12b. Kind of Business/Industry	Education
13a. Residence–State	Indiana
13b. County	Lake
13c. City, Town, or Location	Gary
13d. Street and Number	1530 Witcomb
13e. Zip Code	46404
13f. Inside City Limits	X Yes
13g. On a Farm?	X No
14. Citizen of What Country?	U.S.A
15. Was Decedent of Hispanic Origin?	X No
16. Race	Black
17. Decedent's Education: College (1-4 or 5+)	4

PARENTS

Field	Value
18. Father's Name (First, Middle, Last)	Charlie Wallace Sr.
19. Mother's Name (First, Middle, Maiden Surname)	Hanna Unknown

INFORMANT

Field	Value
20a. Informant's Name	Earl Woody
20b. Mailing Address	1530 Witcomb Street Gary, Indiana 46404
20c. Relationship	Husband

DISPOSITION

Field	Value
21a. Method of Disposition	X Burial
21b. Date and Place of Disposition	May 18, 2001 Calumet Park Cemetery
21c. Location–City or Town, State	Merrillville, IN
22a. Embalmer's Name	Sherman Banks III
22b. Embalmer's License No.	FD 01016254
23. Was Death Reported to Coroner?	No
24a. Signature of Funeral Director	[signature]
24b. License Number (of Licensee)	FD20000361
25. Name, Address and License Number of Funeral Home	Smith Bizzell & Warner Funeral Home, FH19600034 4209 Grant St. Gary, IN. 46408

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. Lung Cancer
DUE TO (OR AS A CONSEQUENCE OF):
b.
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

PART II. Other significant conditions – Conditions contributing to death but not previously stated in Part I: Hypertension

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.

29b. Signature and Title of Certifier: [signature], M.D.
29c. Medical License No.: 31281
29d. Date Signed (Month, Day, Year): 5/18/01

30. Name and Address of Person Who Completed Cause of Death (Item 26): CHIEDU MCHEKWUBE, MD, 8495 BROADWAY, MERRILLVILLE, IN

HEALTH OFFICER

31. Health Officer's Signature: [signature]
32. Date Filed (Month, Day, Year): May 21, 2001

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.

SDH06-004 State Form 10110-06 (R4/3-93) Deathcer/PD 1

Stamps: 2002 015399 — FILED FOR RECORD 2002 FEB 12 AM 2:34 — MORRIS W. CARTER RECORDER — FILED — PETER BENJAMIN LAKE COUNTY AUDITOR — THIS CERTIFIES THE ABOVE IS A TRUE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPT. MAY 21 2001

Document is NOT OFFICIAL! This Document is the property of the Lake County Recorder! STOP