

\* ATTENTION ESTATE: Disclosure of the SS# we need to pursue our responsibilities is voluntary and there will be no penalty for refusal. \*

INDIANA STATE DEPARTMENT OF HEALTH

Local No. **96-0522**

CERTIFICATE OF DEATH

State No. ....

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

TYPE/PRINT  
IN  
PERMANENT  
BLACK INK

1. DECEASED-NAME (First Middle Last) Lewis L Harris Sr		2. SEX Male	3a. TIME OF DEATH 6:35PM	3b. DATE OF DEATH (Month Day Yr) August 8, 1996	
4. SOCIAL SECURITY NUMBER 313-07-8800	5a. AGE - Last Birthday (Month Day Yr) 2002 03 23 03 87	5c. UNDER 1 DAY Hours Minutes 03 00	6. DATE OF BIRTH (Mo Day Yr) Apr 27, 1909	7. BIRTHPLACE (City and State or Foreign Country) Monroe, LO 71210	
8a. WAS DECEASED 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 <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA 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) Methodist Northlake		9c. CITY TOWN OR LOCATION OF DEATH Gary		9d. COUNTY OF DEATH Lake	
10. MARITAL STATUS (Specify) Widowed	11. SURVIVING SPOUSE (If wife, give maiden name) NONE	12a. DECEASED'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Steel Worker		12b. KIND OF BUSINESS INDUSTRY Manufacturing	
13a. RESIDENCE - STATE IN	13b. COUNTY Lake	13c. CITY TOWN OR LOCATION Gary		13d. STREET AND NUMBER 2569 Monroe Street	
13e. ZIP CODE 46407	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? USA	15. WAS DECEASED 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) Afro Amer	
17. DECEASED'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) <input type="checkbox"/> College (1-4 or 5+) <input type="checkbox"/> 10		18. FATHER'S NAME (First, Middle, Last) Mose Harris			
19. MOTHER'S NAME (First, Middle, Maiden Surname) Sarah Beckwith		20a. INFORMANT'S NAME (Type/Print) Lewis L Harris Jr			
20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 37 Henry Court, Pontiac, MI 48341		20c. Relationship Son			
21a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Entombment <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) <del>Aug 12, 1996</del> Aug. 10, 1996 Oak Hill Memorial Park		21c. LOCATION - City or Town State Gary, IN	
22a. EMBALMER'S NAME Sherman G. Banks		22b. EMBALMER'S LICENSE NO. FDE1016254		23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
24a. SIGNATURE OF FUNERAL DIRECTOR <i>Ed W</i>		24b. LICENSE NUMBER (of Licensee) FDO1042607		25. NAME ADDRESS AND LICENSE NUMBER OF FUNERAL HOME FH88900011 Smith Bizz... 4209 Grant Street, Gary, IN 46508	
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>Sepsis</u> DUE TO (OR AS A CONSEQUENCE OF) b. <u>Dehydration</u> DUE TO (OR AS A CONSEQUENCE OF) c. <u>Organic brain syndrome</u> DUE TO (OR AS A CONSEQUENCE OF) d. <u>Carbon monoxide Accident</u> Conditions if any which gave rise to the immediate cause stating the underlying cause last				Approximate Interval Between Onset and Death APR 4 2002	
PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I. <u>Inulin dependent diabetes mellitus</u>				27. WAS DECEASED 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	
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>Harish Shah</i>			29c. MEDICAL LICENSE NO 01035471	29d. DATE SIGNED (Month Day Year) 5/14/96	
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 29) (Type/Print) Dr. Harish Shah, 209 East 86th Ct. Merrillville, IN 46410					
31. HEALTH OFFICER'S SIGNATURE <i>Michael A. ...</i>				32. DATE FILED (Month Day Year) AUG 15 1996	
33. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide		34a. DATE OF INJURY (Month Day Year)	34b. TIME OF INJURY	34c. INJURY MARK? (Yes or no) 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) 409			
34g. DATE PRONOUNCED DEAD (Month, Day, Year)		34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes specify driver, passenger, pedestrian, etc. No			

