

10CC #3122

\* ATTENTION STATE: 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. 002 0177 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) George Bell Jr. 2. SEX Male 3a. TIME OF DEATH 10:25 A M 3b. DATE OF DEATH (Month, Day, Yr.) March 13, 2002 4. \*SOCIAL SECURITY NUMBER 316-22-9178 5a. AGE--Last Birthday (Years) 2002 5b. UNDER 1 YEAR (Months) 03 5c. UNDER 1 DAY (Hours) 20 6. DATE OF BIRTH (Mo, Day, Yr) May 17, 1929 7. BIRTHPLACE (City and State or Foreign Coun) Gary, Indiana

DECEDENT

8a. WAS DECEDENT A U.S. VETERAN? Yes 8b. YEAR LAST SERVED IN U.S. ARMED FORCES? 1953 9a. PLACE OF DEATH (Check only one. See instructions.) HOSPITAL:  Inpatient ER/Outpatient  DOA OTHER:  Nursing Home  Other (Specify) Residence 9b. FACILITY NAME (If not institution, give street and number) Gary Methodist Northlake 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) Lucinta Woodson 12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Teacher 12b. KIND OF BUSINESS/INDUSTRY Chicago Public School Corp. 13a. RESIDENCE--STATE Indiana 13b. COUNTY Lake 13c. CITY, TOWN, OR LOCATION Gary 13d. STREET AND NUMBER 368 Hamlin Street 13e. ZIP CODE 46406 13f. INSIDE CITY LIMITS  No  Yes 14. CITIZEN OF WHAT COUNTRY? U.S.A. 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 complete) Elementary/Secondary (0-12) 5+ College (+)

PARENTS

18. FATHER'S NAME (First, Middle, Last) George Bell Sr. 19. MOTHER'S NAME (First, Middle, Maiden Surname) Attee' Johnson

INFORMANT

20a. INFORMANT'S NAME (Type/Print) Lucita J. Bell 20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 368 Hamlin Street Gary, IN 46406 20c. Relationship Wife

DISPOSITION

21a. METHOD OF DISPOSITION  Burial  Entombment  Cremation  Removal from State  Donation  Other (Specify) 21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) March 19, 2002 Evergreen Memorial Park 21c. LOCATION--City or Town, State Hobart, Indiana

CAUSE OF DEATH

22a. EMBALMER'S NAME Sherman G. Banks III 22b. EMBALMER'S LICENSE NO. FD 01016254 23. WAS DEATH REPORTED TO CORONER?  No  Yes 24a. SIGNATURE OF FUNERAL DIRECTOR [Signature] 24b. LICENSE NUMBER (of Licensee) FD2000036 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. CARCINOMA OF COLON WITH METASTASES DUE TO (OR AS A CONSEQUENCE OF): 2 YR 1 b. DUE TO (OR AS A CONSEQUENCE OF): c. DUE TO (OR AS A CONSEQUENCE OF): d. 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) 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] 29c. MEDICAL LICENSE NO. 01030107 29d. DATE SIGNED (Month, Day, Year) 3-20-02

HEALTH OFFICER

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) B. Barai 1208 89th Ave Merrillville, IN 46410 31. HEALTH OFFICER'S SIGNATURE [Signature] 32. DATE FILED (Month, Day, Year) APR 01 2002

33. MANNER OF DEATH  Natural  Pending Investigation  Accident  Suicide  Homicide  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 34e. PLACE OF INJURY--At home, farm, street, 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) YES

Attee Hodge 780 Clinton St. Gary, IN 46406-1453

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

9:00 p #9906081733



APR 10 2002 PETER BENJAMIN LAKE COUNTY AUDITOR