

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

STATE OF INDIANA
LAKE COUNTY

ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to insure its statutory responsibility. Disclosure is voluntary and there will be no penalty for refusal.

Local No. 0750-00

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

TYPE/PRINT IN PERMANENT BLACK INK

PRECEDENT

MENTS

FORMANT

POSITION

USE OF ATH

CERTIFIER

ALTHICER

1 DECEASED—NAME (First Middle Last) Robert Lee Newsome			2 SEX Male		3 TIME OF DEATH (Month Day Year) 6:19 A M		4 DATE OF DEATH (Month Day Year) March 14, 2000			
4 *SOCIAL SECURITY NUMBER 430-56-0039		5a AGE—Last birthday (Years) 68		5b UNDER 18 (Month Day Year) 2002-035-155		6 DATE OF BIRTH (Month Day Year) 2002 APR 12 PM 1:15		7 PLACE OF BIRTH (City and State or Foreign Country) September 16, 1931 Marvell, Arkansas		
8a WAS DECEDENT A U.S. VETERAN? YES		8b YEAR LAST SERVED IN U.S. ARMED FORCES? 1953		9a PLACE OF DEATH (Specify) HOSPITAL <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA			9b OTHER (Specify) MORRIS W. CARTER RECORDER			
9b FACILITY NAME (If not institution, give street and number) St. Anthony Hospital				9c CITY, TOWN OR LOCATION OF DEATH Crown Point			9d COUNTY OF DEATH Lake			
10 MARITAL STATUS (Specify) Married		11 SURVIVING SPOUSE (If wife, give maiden name) Orasteen Jarrett		12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Pipefitter			12b KIND OF BUSINESS/INDUSTRY American Bridge			
13a RESIDENCE—STATE Indiana		13b COUNTY Lake		13c CITY, TOWN OR LOCATION Gary			13d STREET AND NUMBER 457 Buchanan Street			
13e ZIP CODE 46402		13f INSIDE CITY LIMITS <input checked="" 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? 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) Elementary/Secondary (0-12) 9th			18 FATHER'S NAME (First Middle Last) Mitchell Newsome		19 MOTHER'S NAME (First Middle Maiden Surname) Lillie Reed			
20a INFORMANT'S NAME (Type/Print) Orasteen Newsome				20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 457 Buchanan Street Gary, Indiana 46402				20c Relationship Wife		
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) March 17, 2000 Fern Oak Cemetery				21c LOCATION—City or Town, State Griffith, Indiana			
22a EMBALMER'S NAME Roosevelt Allen Jr			22b EMBALMER'S LICENSE NO. #01051701		23 WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
24a SIGNATURE OF FUNERAL DIRECTOR <i>Charles J. Kerbesco</i>			24b LICENSE NUMBER (of Licensee) #08700646		25 NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Guy & Allen Funeral Directors, Inc 2959 West 11th Avenue Gary, Indiana 46404 83007704					
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) Adult respiratory distress syndrome pneumonia			27 WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? NO						28b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) NO	
26 PART II Other significant conditions - Conditions contributing to death but not previously stated in Part I Hypertension diabetes mellitus			27 WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? 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>Charles J. Kerbesco</i>			29c MEDICAL LICENSE NO. 01031652		29d DATE SIGNED (Month Day Year) 3/17/00		
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) <i>Charles J. Kerbesco 16005 LAKE PARK AVE - STE 1104 HOBART, IN. 46342</i>										
31 HEALTH OFFICER'S SIGNATURE <i>Alexander S. Williams, MD</i>										
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 DESCRIPTION OF THE ABOVE IS TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPT. MAR 24 2000 001022	
34g DATE PRONOUNCED DEAD (Month Day Year)			34h MOTOR VEHICLE ACCIDENT? (Yes or no) If yes specify driver, passenger, pedestrian, etc. <i>Alexander S. Williams, MD</i> LAKE COUNTY HEALTH COMMISSIONER							

unit # 25
Key # 44-128-324 33
Gary hand Co's 2nd Sub lots 39 & 40 Block 9

NOTICE: This document is the property of the Lake County Recorder!
FILED
APR 12 2002

BD
9.00
cash.