

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

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INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No. #42-189-21

File No. 29-05-01

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-37-1-10

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1 DECEASED—NAME (First, Middle, Last) Willie Amos				2 SEX Male		3a TIME OF DEATH 7:52 a.m.		3b DATE OF DEATH (Month, Day, Yr.) November 21, 2001	
4 *SOCIAL SECURITY NUMBER 313-07-9134		5a AGE—Last Birthday (Years) 93		5b UNDER 1 YEAR Months Days		5c UNDER 1 DAY Hours Minutes		6 DATE OF BIRTH (Mo, Day, Yr.) January 2, 1908	
7 BIRTHPLACE (City and State or Foreign Country) Benoit, Mississippi		8a WAS DECEDENT 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) <input checked="" type="checkbox"/> HOSPITAL <input checked="" type="checkbox"/> Patient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify)			
9b FACILITY NAME (If not institution, give street and number) Methodist Hospital Southlake				9c CITY, TOWN OR LOCATION OF DEATH Merrillville			9d COUNTY OF DEATH Lake		
10 MARITAL STATUS (Specify) Widowed		11 SURVIVING SPOUSE (If wife, give maiden name) N/A		12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Pusher			12b KIND OF BUSINESS/INDUSTRY USX (Coke Plant)		
13a RESIDENCE—STATE Indiana		13b COUNTY Lake		13c CITY, TOWN OR LOCATION Gary			13d STREET AND NUMBER 2443 Industrial Boulevard		
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 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) 12th			18 FATHER'S NAME (First, Middle, Last) Willie Amos Sr.				
19 MOTHER'S NAME (First, Middle, Maiden Surname) Elizabeth Brown					20a INFORMANT'S NAME (Type/Print) Patricia Gillis			20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 435 Rutledge Street Gary, Indiana 46404	
20c Relationship Daughter			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) November 26, 2001 Evergreen Cemetery			21c LOCATION—City or Town, State Hobart, Indiana	
22a EMBALMER'S NAME Rosenwald D. Allen Jr.			22b EMBALMER'S LICENSE NO. #29400047			23 WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
24a SIGNATURE OF FUNERAL DIRECTOR <i>Valerie Broad</i>			24b LICENSE NUMBER (of licensee) #08700646			25 NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Guy & Allen Funeral Director, 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. Coronary-vascular accident									
IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Coronary-vascular accident DUE TO (OR AS A CONSEQUENCE OF)									
Conditions if any, which gave rise to the immediate cause, stating the underlying cause last b. DUE TO (OR AS A CONSEQUENCE OF)									
c. DUE TO (OR AS A CONSEQUENCE OF)									
d. DUE TO (OR AS A CONSEQUENCE OF)									
PART II Other significant conditions - Conditions contributing to death but not previously stated in Part I Renal failure, NPN, COPD, CA prostate, PVD, Hypothyroidism									
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 DEATH? PETER BENJAMIN LAKE COUNTY AUDITOR			
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) as stated.									
29b SIGNATURE AND TITLE OF CERTIFIER <i>Marshall J. ...</i>						29c MEDICAL LICENSE NO. 1026067		29d DATE SIGNED (Month, Day, Year) 11/26/01	
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Dr. Billena 5490 Broadway Merrillville, Indiana 46410									
31 HEALTH OFFICER'S SIGNATURE <i>Susan J. ...</i>						THIS CERTIFIES THE ABOVE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT November 29, 2001			
33 MANNER OF DEATH <input checked="" 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 DESCRIBE HOW INJURY OCCURRED MAY 02 2002	
34a 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) RD 900 cash					
34g DATE PRONOUNCED DEAD (Month, Day, Year)			34h MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.						

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