

VET

MTC
504 Broadway
Gary, In. 46402

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.
Local No. 98-0645

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No.

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

TYPE/PRINT
IN
PERMANENT
BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF
DEATH

CERTIFIER

HEALTH
OFFICER

1. DECEASED—NAME (First, Middle, Last) John T. Shelby, Sr.				2. SEX Male		3a. TIME OF DEATH 7:49 P.M.		3b. DATE OF DEATH (Month, Day, Yr.) September 04, 1998							
4. *SOCIAL SECURITY NUMBER 414-20-3746		5a. AGE—Last Birthday (Years) 73		5b. UNDER 1 YEAR Months Days		5c. UNDER 1 DAY Hours Minutes		6. DATE OF BIRTH (Mo, Day, Yr) March 15, 1925		7. BIRTHPLACE (City and State or Foreign Country) Savannah Tennessee					
8a. WAS DECEDENT A U.S. VETERAN? Yes		8b. YEAR LAST SERVED IN U.S. ARMED FORCES? 1954		9a. PLACE OF DEATH (Check only one. See instructions.) HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER: <input checked="" type="checkbox"/> Residence <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify)											
9b. FACILITY NAME (If not institution, give street and number) 2614 East 22nd Avenue						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) Elizabeth Wynn		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Steel Worker				12b. KIND OF BUSINESS/INDUSTRY Steel Mill							
13a. RESIDENCE—STATE Indiana		13b. COUNTY Lake		13c. CITY, TOWN, OR LOCATION Gary			13d. STREET AND NUMBER 2614 East 22nd Avenue								
13e. ZIP CODE 46404		13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" 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) Afro-American		17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 11 College (1-4 or 5+)					
18. FATHER'S NAME (First, Middle, Last) Henry Shelby						19. MOTHER'S NAME (First, Middle, Maiden Surname) Augusta (Unavailable)									
20a. INFORMANT'S NAME (Type/Print) Phyllis Perry				20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip code) 2614 East 22nd Avenue Gary, Indiana 46404				20c. Relationship Daughter							
21a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <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) September 11, 1998 Evergreen Memorial Park Gary, Indiana				21c. LOCATION—City or Town, State Gary, Indiana							
22a. EMBALMER'S NAME Sherman Banks III				22b. EMBALMER'S LICENSE NO. FDO 1016254		23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes									
24a. SIGNATURE OF FUNERAL DIRECTOR <i>Sherman Banks III</i>				24b. LICENSE NUMBER (of Licensee) FDO 1016254		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. Congestive Heart Failure DUE TO (OR AS A CONSEQUENCE OF): b. Chronic Renal Failure DUE TO (OR AS A CONSEQUENCE OF): c. DUE TO (OR AS A CONSEQUENCE OF): d. DUE TO (OR AS A CONSEQUENCE OF): Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last										Approximate Interval Between Onset and Death 0628-1002					
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)		28. WAS AUTOPSY PERFORMED? (Yes or No)		29. BY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or No)	
29a. CERTIFIER (Check only one) <input 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>Julie M. Adamson, MD</i>						29c. MEDICAL LICENSE NO. 01042094		29d. DATE SIGNED (Month, Day, Year) 9/10/98							
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Dr. Miller 8777 Broadway Merriville Indiana,															
31. HEALTH OFFICER'S SIGNATURE <i>Robert M. Miller, M.D.</i>										32. DATE FILED (Month, Day, Year) SEP 17 1998					
33. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <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							
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) 9.50 2824													
34g. DATE PRONOUNCED DEAD (Month, Day, Year)				34h. MOTOR VEHICLE ACCIDENT (Yes or no) If yes specify driver, passenger, pedestrian, etc. 1112-142											