3Free + 4 VA

Local No. 88-0835

INDIANA STATE BOARD OF HEALTH
CERTIFICATE OF DEATH

State No. 46-141-1

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

1. DECEASED—NAME: FIRST Ennix MIDDLE Mirl LAST Brooks
2. SEX: Male
3. DATE OF DEATH (Mo. Day, Yr.): December 2, 1988
4. SOCIAL SECURITY NUMBER: 423-10-0897
5a. AGE—Last Birthday (Years): 75
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Month, Day, Year): Mar. 11, 1913
7. BIRTHPLACE (City and State or Foreign Country): Hillsboro, Alabama
8. YEAR LAST SERVED IN US ARMED FORCES?: 1947
9a. PLACE OF DEATH (Check only one. See instructions): HOSPITAL ☐ Inpatient ☒ ER/Outpatient ☐ DOA; OTHER ☐ Nursing Home ☐ Residence ☐ Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): Methodist Hospital Northlake Campus
9c. CITY, TOWN, OR LOCATION OF DEATH: Gary
9d. COUNTY OF DEATH: Lake
10. MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify): married
11. SURVIVING SPOUSE (If wife, give maiden name): Mary M. Mitchum
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: USX Sheet & Tin
13a. RESIDENCE—STATE: Indiana
13b. COUNTY: Lake
13c. CITY, TOWN, OR LOCATION: Gary
13d. STREET AND NUMBER: 2400 Maryland Street
13e. INSIDE CITY LIMITS? (Yes or no): Yes
13f. FARM: No
13g. ZIP CODE: 46407
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) ☒ No ☐ Yes Specify:
15. RACE—American Indian, Black, White, etc. (Specify): Black
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 8; College (1-4 or 5+):

PARENTS

17. FATHER'S NAME (First, Middle, Last): James Brooks
18. MOTHER'S NAME (First, Middle, Maiden Surname): Lottie Ennix

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Mary M. Brooks
19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 2400 Maryland St. Gary, In. 46407
19c. Relationship: wife

DISPOSITION

20a. METHOD OF DISPOSITION: ☒ Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)
20b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Dec. 10, 1988 Evergreen Cemetery
20c. LOCATION—City or Town, State: Hobart, In.
21a. SIGNATURE OF FUNERAL DIRECTOR: [signature]
21b. LICENSE NUMBER (of Licensee): FDE 1042607
22. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME: Smith, Bizzell & Warner F.H., Inc. 2295 Washington Street Gary, Indiana 46407 FDH 3002487

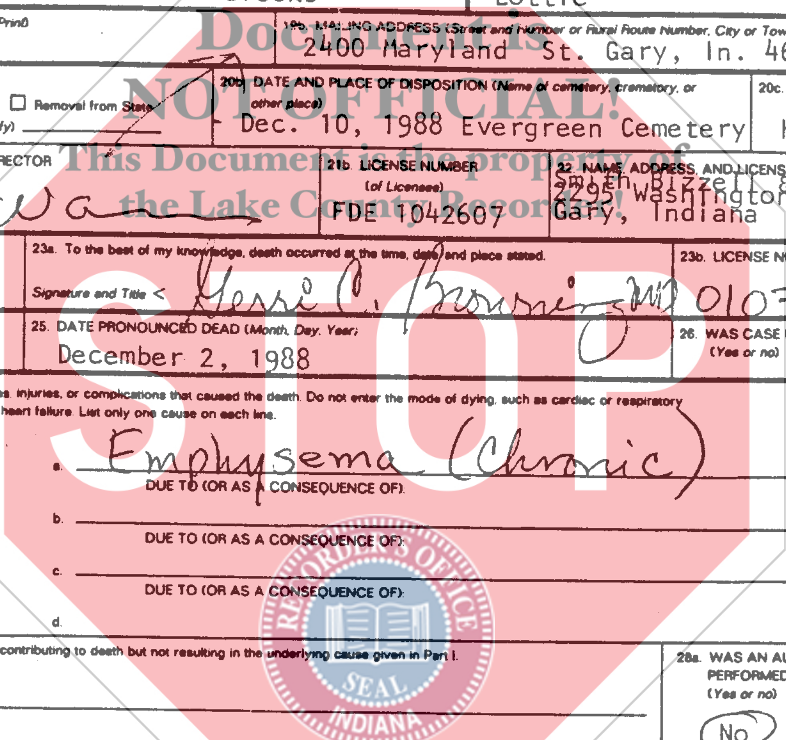
PRONOUNCING PHYSICIAN ONLY

Complete items 23a-c only when certifying physician is not available at time of death to certify cause of death

23a. To the best of my knowledge, death occurred at the time, date, and place stated. Signature and Title: Gerri C. Browning MD
23b. LICENSE NUMBER: 01033136
23c. DATE SIGNED (Month, Day, Year): 12-5-88

ITEMS 24-26 MUST BE COMPLETED BY PERSON WHO PRONOUNCES DEATH

24. TIME OF DEATH: 11:44 p.m.
25. DATE PRONOUNCED DEAD (Month, Day, Year): December 2, 1988
26. WAS CASE REFERRED TO MEDICAL EXAMINER/CORONER? (Yes or no): Yes



CAUSE OF DEATH (SEE INSTRUCTIONS)

27. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, 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. Emphysema (Chronic)
DUE TO (OR AS A CONSEQUENCE OF):
b.
DUE TO (OR AS A CONSEQUENCE OF):
c.
DUE TO (OR AS A CONSEQUENCE OF):
d.

Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST

Approximate Interval Between Onset and Death

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.

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 (SEE INSTRUCTIONS)

29a. CERTIFIER (Check only one)
☒ CERTIFYING PHYSICIAN (Physician certifying cause of death when another physician has pronounced death and completed item 23) To the best of my knowledge, death occurred due to the cause(s) and manner as stated.
☐ PRONOUNCING AND CERTIFYING PHYSICIAN (Physician both pronouncing death and certifying cause of death) To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated.
☐ MEDICAL EXAMINER ☐ CORONER ☐ 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) and manner as stated.

29b. SIGNATURE AND TITLE OF CERTIFIER: Gerri C. Browning, MD
29c. LICENSE NUMBER: 01033136
29d. DATE SIGNED (Month, Day, Year): 12-5-88
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type/Print): Dr. Gerri Browning, M.D. 636 East 21st Avenue Gary, Indiana 46407

HEALTH OFFICER

31. HEALTH OFFICER'S SIGNATURE: [signature] MS MPH
32. DATE FILED (Month, Day, Year): DEC 06 1988

CORONER OR MEDICAL EXAMINER USE ONLY

33. MANNER OF DEATH: ☐ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Pending Investigation ☐ 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, factory, office building, etc. (Specify):
34f. LOCATION (Street and Number or Rural Route Number, City or Town, State):

SBH06-004 State Form 10110 Rev. 10/87 DEATH/PD 1

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PETER BENJAMIN
LAKE COUNTY AUDITOR