* 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. ....

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

1. DECEASED--NAME (First, Middle, Last): Elbert Lee Hearon Sr.
2. SEX: Male
3a. TIME OF DEATH: 10:16 A M
3b. DATE OF DEATH (Month, Day, Yr.): June 21, 2002
4. *SOCIAL SECURITY NUMBER: 305-32-6207
5a. AGE--Last Birthday (Years): 71
5b. UNDER 1 YEAR Months Days
5c. UNDER 1 DAY Hours Minutes
6. DATE OF BIRTH (Mo. Day, Yr): March 29, 1931
7. BIRTHPLACE (City and State or Foreign Country): Forrest City, Arkansas
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; X ER/Outpatient; DOA. OTHER: Nursing Home; Residence; 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): Married
11. SURVIVING SPOUSE (If wife, give maiden name): Mrgaret Alford
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Laborer
12b. KIND OF BUSINESS/INDUSTRY: U.S. Steel
13a. RESIDENCE--STATE: Indiana
13b. COUNTY: Lake
13c. CITY, TOWN, OR LOCATION: Gary
13d. STREET AND NUMBER: 2329 Pierce Street
13e. ZIP CODE: 46407
13f. INSIDE CITY LIMITS: No X Yes
13g. ON A FARM?: X No Yes
14. CITIZEN OF WHAT COUNTRY?: U.S.A.
15. WAS DECEDENT OF HISPANIC ORIGIN?: X 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 completed): Elementary/Secondary (0-12): 9; College (1-4 or 5+):

2002 077966

PARENTS

18. FATHER'S NAME (First, Middle, Last): George Hearon
19. MOTHER'S NAME (First, Middle, Maiden Surname): Lula Barnes

INFORMANT

20a. INFORMANT'S NAME (Type/Print): Margaret Hearon
20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 2329 Pierce Street Gary, Indiana 46407
20c. Relationship: Wife

DISPOSITION

21a. METHOD OF DISPOSITION: X Burial; Cremation; Donation; Other (Specify); Entombment; Removal from State
21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): June 26, 2002 Oak Hill Cemetery
21c. LOCATION--City or Town, State: Gary, IN
22a. EMBALMER'S NAME: Sherman G. Banks III
22b. EMBALMER'S LICENSE NO.: FD 01016254
23. WAS DEATH REPORTED TO CORONER?: X No Yes
24a. SIGNATURE OF FUNERAL DIRECTOR: [signature]
24b. LICENSE NUMBER (of Licensee): FD 01016254
25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME: Smith Bizzell & Warner Funeral Home, FH19600034, 4209 Grant St, Gary, IN, 46408

CAUSE OF DEATH

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. — Approximate Interval Between Onset and Death

IMMEDIATE CAUSE (Final disease or condition resulting in death)
a. Cerebrovascular accident
DUE TO (OR AS A CONSEQUENCE OF):
b. Respiratory failure
DUE TO (OR AS A CONSEQUENCE OF):
c.
DUE TO (OR AS A CONSEQUENCE OF):
d.

Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last

THIS CERTIFIES THE ABOVE IS A TRUE AND CORRECT COPY OF THE CERTIFICATE ON FILE WITH THE LAKE COUNTY ... JUL 17 2007

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.: 01032180
29d. DATE SIGNED (Month, Day, Year): 07-01-02
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print): Surendra J. Shah MD 5335 Broadway Suite A Merrillville IN 46410

HEALTH OFFICER

31. HEALTH OFFICER'S SIGNATURE: [signature] D.O.
32. DATE FILED (Month, Day, Year): July 9, 2002

33. MANNER OF DEATH: Natural; Pending Investigation; Accident; Suicide; Could not be Determined; 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)
34g. DATE PRONOUNCED DEAD (Month, Day, Year)
34h. MOTOR VEHICLE ACCIDENT (Yes or no) If yes specify driver, passenger, pedestrian, etc.

FILED JUL 30 2003 STEPHEN R. STIGLICH LAKE COUNTY AUDITOR 002115

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

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