

* ATTENTION ESTATE: Disclosure of the SS# we need to pursue our responsibilities is voluntary and there will be no penalty for refusal.*

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

Local No. 226303

State No. 44-123-21

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

TYPE/PRINT IN PERMANENT BLACK INK

1. DECEASED - NAME (First, Middle, Last) Charles E. Jordan; 2. SEX Male; 3a. TIME OF DEATH 6:20 AM; 3b. DATE OF DEATH (Month, Day, Yr.) September 16, 2003; 4. SOCIAL SECURITY NUMBER 428-60-7516; 5a. AGE - Last Birthday (Years) 68; 5b. UNDER 1 YEAR Months; 5c. UNDER 1 DAY Hours Minutes; 6. DATE OF BIRTH (Mo., Day, Yr.) February 7, 1935; 7. BIRTHPLACE (City and State or Foreign Country) Newton Mississippi

DECEDENT

8a. WAS DECEDENT A U.S. VETERAN? No; 8b. YEAR LAST SERVED IN U.S. ARMED FORCES? N/A; PLACE OF DEATH (Check only one See instructions) HOSPITAL: Inpatient; OTHER: Residence; 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) Deloris I. McGowan; 12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Burner; 12b. KIND OF BUSINESS/INDUSTRY Indiana Iron

PARENTS

13a. RESIDENCE - STATE Indiana; 13b. COUNTY Lake; 13c. CITY, TOWN OR LOCATION Gary; 13d. STREET AND NUMBER 5280 Tennessee Street; 13e. ZIP CODE 46409; 13f. INSIDE CITY LIMITS No; 13g. ON A FARM? No; 14. CITIZEN OF WHAT COUNTRY? USA; 15. WAS DECEDENT OF HISPANIC ORIGIN? No; 16. RACE - American Indian, Black, White, etc (Specify) Black; 17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 8; College (1-4 or 5+) N/A

INFORMANT

18. FATHER'S NAME (First, Middle, Last) J.C. Jordan; 19. MOTHER'S NAME (First, Middle, Maiden Surname) Cora Bell Maxwell; 20a. INFORMANT'S NAME (Type/Print) Delois I. Jordan; 20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 5280 Tennessee Street, Gary, IN 46409; 20c. Relationship Wife

DISPOSITION

21a. METHOD OF DISPOSITION Burial; 21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) September 22, 2003 EVERGREEN MEMORIAL PARK; 21c. LOCATION - City or Town, State HOBART Indiana

CAUSE OF DEATH

22a. EMBALMER'S NAME Sherman G. Banks III; 22b. EMBALMER'S LICENSE NO. FD01016254; 23. WAS DEATH REPORTED TO CORONER? No; 24a. SIGNATURE OF FUNERAL DIRECTOR; 24b. LICENSE NUMBER (of Licensee) FD01016254; 25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Smith Bizzell & Warner FH19600034 4209 Grant Street, Gary, Indiana 46407-; 26. PART I IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Coronary Artery Disease; b. Coronary Artery Disease; c. Diabetes Mellitus; d. Hypertension

CERTIFIER

PART II Other significant conditions - Conditions contributing to death but not previously stated in Part I Renal Failure/Dialysis, Anemia of Chronic Disease, Cardiomyopathy; 27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? No; 28a. WAS AN AUTOPSY PERFORMED? No; 28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? No; 29a. CERTIFIER (Check only one) CERTIFYING PHYSICIAN; 29b. SIGNATURE AND TITLE OF CERTIFIER STEPHEN H. STIGLICH; 29c. MEDICAL LICENSE NO. 31023; 29d. DATE SIGNED (Month, Day, Year) 9/19/03

HEALTH OFFICER

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) DR. Agnaja 4844 Broadway Gary IN 46408; 31. HEALTH OFFICER'S SIGNATURE; 32. DATE FILED (Month, Day, Year) September 30, 2003

33. MANNER OF DEATH; 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.

000858 9. Dr. Agnaja Cash CHS