

Carolyn De Jesus
3055 Beau St
Gary, IN 46406

* 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. 02 0702

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

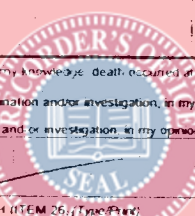
HEALTH OFFICER

1. DECEASED-NAME (First, Middle, Last) Lewford Gautreaux		2. SEX Male	3a. TIME OF DEATH 3:16 A	3b. DATE OF DEATH (Month, Day, Yr.) October 02, 2002
4. SOCIAL SECURITY NUMBER 426-22-1699	5a. AGE-Last Birthday (Years) 85	5b. UNDER 1 YEAR Months Days	5c. UNDER 1 DAY Hours Minutes	6. DATE OF BIRTH (Mo, Day, Yr.) September 17, 1917
7. BIRTHPLACE (City and State or Foreign Country) Morgan City, Louisiana	8a. WAS DECEDENT A U.S. VETERAN? (Unavailable)	8b. YEAR LAST SERVED IN U.S. ARMED FORCES? N/A	9a. PLACE OF DEATH (Check only one. See instructions.) HOSPITAL: <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER: <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence	
9b. FACILITY NAME (If not institution, give street and number) Gary Methodist Northlake	9c. CITY, TOWN, OR LOCATION OF DEATH Gary	9d. COUNTY OF DEATH Lake	10. MARITAL STATUS (Specify) (Unavailable)	
11. SURVIVING SPOUSE (If wife, give maiden name) (Unavailable)	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) None	12b. KIND OF BUSINESS/INDUSTRY None	13a. RESIDENCE-STATE Indiana	
13b. COUNTY Lake	13c. CITY, TOWN, OR LOCATION Gary	13d. STREET AND NUMBER 1964 Clark Road (Nursing Home)	13e. ZIP CODE 46404	
13f. INSIDE CITY LIMITS <input checked="" type="checkbox"/> No <input 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) White	17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) U/A College (1-4 or 5+) U/A
18. FATHER'S NAME (First, Middle, Last) Alude Gautreaux	19. MOTHER'S NAME (First, Middle, Maiden Surname) Euchanist Baubuet			
20a. INFORMANT'S NAME (Type/print) No Next Of Kin	20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) No Next Of Kin	20c. Relationship No Next Of Kin		
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) November 27, 2002 Oak Hill Cemetery	21c. LOCATION (City or Town, State) Gary, Indiana		
22a. EMBALMER'S NAME Sherman G. Banks III	22b. EMBALMER'S LICENSE NO. FD 01016254	23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
24a. SIGNATURE OF FUNERAL DIRECTOR <i>[Signature]</i>	24b. LICENSE NUMBER (If licensed) FD 2000056	25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Smith Bizzell & Warner Funeral Home 4209 Grant St. Gary, IN 46408 519500034		
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 of each line. a. SEVERE SEPTICEMIA DUE TO (OR AS A CONSEQUENCE OF) b. RESPIRATORY FAILURE DUE TO (OR AS A CONSEQUENCE OF) c. BILATERAL PNEUMONIA DUE TO (OR AS A CONSEQUENCE OF) d. REFRACTIVE ELECTROLYTE ABNORMALITIES		27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or No) NO		
28. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or No) NO		29. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
29a. CERTIFIER (Check only one) <input checked="" type="checkbox"/> CERTIFYING PHYSICIAN <input type="checkbox"/> HEALTH OFFICER <input type="checkbox"/> CORONER	29b. SIGNATURE AND TITLE OF CERTIFIER <i>[Signature]</i> STEPHEN R. STIGLICH LAKE COUNTY AUDITOR			
29c. MEDICAL LICENSE NO. 01044809	29d. DATE SIGNED (Month, Day, Year) 11 30 2002			
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/print) BENJAMIN I. ANIGBO, M.D., 3195 Broadway Gary, IN 46409		31. HEALTH OFFICER'S SIGNATURE <i>[Signature]</i> (MD, MPH)		
32. DATE FILED (Month, Day, Year) JAN 07 2003		33. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> 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 000	
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.			

This Document is NOT OFFICIAL the property of the Lake County Recorder

FILED

MAY 10 2004



2004
0388
310
FILED FOR RECORD
LAKE COUNTY IN

900
PSS