

ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to sue its statutory responsibility. Disclosure is mandatory and there will be no penalty for refusal.

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State of Indiana
LAKE COUNTY
FILED FOR RECORD

Local No. 616-14

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-37-1-10

PERMANENT
RECORD INK

DECEDENT

RELATIVES

FORMANT

POSITION

USE OF
THIS

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ICER

1 DECEASED—NAME (First, Middle, Last) Juanita R. Dent		2 SEX Female	3a TIME OF DEATH 1:49P. M.	3b DATE OF DEATH (Month, Day, Yr.) February 29, 2004
4 *SOCIAL SECURITY NUMBER 314-26-7600	5a AGE—Last Birthday (Years) 81	5b NUMBER 1 YEAR 2004-050576	5c NUMBER 10 2004-050576	6 DATE OF BIRTH (Month, Day, Year) December 25, 1922
7 BIRTHPLACE (City and State or Foreign Country) Cairo, Illinois	8a WAS DECEDENT A U.S. VETERAN? No	8b YEAR LAST SERVED IN U.S. ARMED FORCES? N/A	9a PLACE OF DEATH (Check only one. See instructions.) HOSPITAL <input type="checkbox"/> Inpatient <input checked="" 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) St. Mary Medical Center		9c CITY, TOWN OR LOCATION OF DEATH Hobart	9d COUNTY OF DEATH Lake	
10. MARITAL STATUS (Specify) Married	11 SURVIVING SPOUSE (If wife, give maiden name) Nemie Dent	12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Licensed Practical Nurse (ret.)		12b KIND OF BUSINESS/INDUSTRY Hospital
13a RESIDENCE—STATE Indiana	13b COUNTY Lake	13c CITY, TOWN OR LOCATION East Chicago	13d STREET AND NUMBER 3916 Evergreen	
13e ZIP CODE 46312	13f INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes 13g ON A FARM? <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) Black
17 DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12th College (1-4 or 5+)		18 FATHER'S NAME (First, Middle, Last) Hardy Rogers		
19 MOTHER'S NAME (First, Middle, Maiden Surname) Cora Thompson		20a INFORMANT'S NAME (Type/Print) Nemie Dent		
20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 3916 Evergreen East Chicago, IN 46312		20c Relationship Husband		
21a METHOD OF DISPOSITION <input type="checkbox"/> Entombment <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) March 6, 2004 Fern Oaks Cemetery		21c LOCATION—City or Town, State Griffith, Indiana
22a EMBALMER'S NAME Tracy Cheri Williams		22b EMBALMER'S LICENSE NO. FD08600238		23 WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
24a SIGNATURE OF FUNERAL DIRECTOR <i>Tracy Cheri Williams</i>		24b LICENSE NUMBER (of Licensee) FD08600238		25 NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Hinton & Williams Funeral Home, Inc. 4859 Alexander Avenue East Chicago, IN 46312
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 arteriosclerotic cerebrovascular disease DUE TO (OR AS A CONSEQUENCE OF) c congestive cardiac failure DUE TO (OR AS A CONSEQUENCE OF) d arteriosclerotic heart disease				
PART II Other significant conditions—Conditions contributing to death but not previously stated in Part I dementia semitia				
27 WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) NO		28 WAS AN AUTOPSY PERFORMED? (Yes or no) NO		29 WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) NO
29a CERTIFIER (Check only one) <input checked="" 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) as stated.		STEPHEN R. STIGLICH LAKE COUNTY AUDITOR		
29b SIGNATURE AND TITLE OF CERTIFIER <i>[Signature]</i>		29c MEDICAL LICENSE NO. 1W25043	29d DATE SIGNED (Month/Day/Year) 3/4/2004	
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) TRISHAWN TAYLOR, 8300 BROADWAY, MERRILLVILLE, IN 46461				
31 HEALTH OFFICER'S SIGNATURE <i>[Signature]</i>				
32 DATE FILED (Month/Day/Year) March 4, 2004		33 MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be Determined <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. COMPLETE THIS CERTIFICATE OF DEATH AND FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT. 001067
34a 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) MAR 4 2004		
34g DATE PRONOUNCED DEAD (Month, Day, Year)		34h MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.		

Dawn Dawkins 3801 Main Street Ste. A E.C. 46312

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