

3 vets
* 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.

INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Local No. 00-0730

State No.

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

TYPE/PRINT
IN
PERMANENT
BLACK INK

DECEDENT

PARENTS

INFORMANT

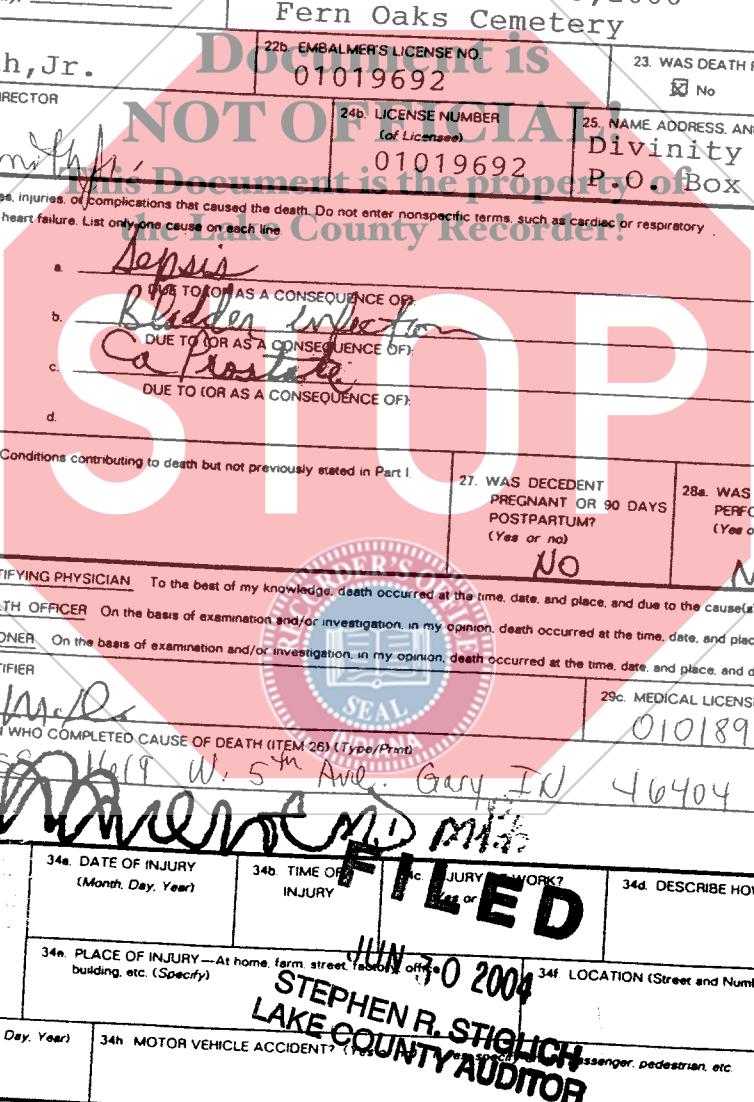
DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

1. DECEASED—NAME (First, Middle, Last) Joseph Walton		2. SEX Male	3a. TIME OF DEATH 10:00A	3b. DATE OF DEATH (Month, Day, Yr.) October 9, 2000
4. *SOCIAL SECURITY NUMBER 360-16-9829	5a. AGE—Last Birthday (Years) 76	5b. UNDER 1 YEAR Months Days	5c. UNDER 1 DAY Hours Minutes	6. DATE OF BIRTH (Mo, Day, Yr.) Aug. 30, 1924
7. BIRTHPLACE (City and State or Foreign Country) Sikeston, Missouri	8a. WAS DECEDENT A U.S. VETERAN? Army	8b. YEAR LAST SERVED IN U.S. ARMED FORCES? 1942	9a. PLACE OF DEATH (Check only one. See instructions.) HOSPITAL: <input 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) Methodist Hospital		9c. CITY, TOWN, OR LOCATION OF DEATH Gary		9d. COUNTY OF DEATH Lake
10. MARITAL STATUS (Specify) Married	11. SURVIVING SPOUSE (If wife, give maiden name) Freda Jewel	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Labor		12b. KIND OF BUSINESS/INDUSTRY American Steel
13a. RESIDENCE—STATE Indiana	13b. COUNTY Lake	13c. CITY, TOWN, OR LOCATION Gary		13d. STREET AND NUMBER 245 Rutledge Street
13e. ZIP CODE 46406	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? USA	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. DECEASED'S EDUCATION (Specify only highest grade completed) Elementary <input type="checkbox"/> Secondary (0-12) <input type="checkbox"/> College (1-4 or 5+) <input type="checkbox"/> 12th		18. FATHER'S NAME (First, Middle, Last) Archie Walton		
19. MOTHER'S NAME (First, Middle, Maiden Surname) Idella Lee		20a. INFORMANT'S NAME (Type/Print) Michael Walton		
20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 245 Rutledge St. Gary, IN 46406		20c. Relationship Son		
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) October 13, 2000 Fern Oaks Cemetery		21c. LOCATION—City or Town, State Griffith, Indiana
22a. EMBALMER'S NAME Samuel Smith, Jr.		22b. EMBALMER'S LICENSE NO. 01019692		23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
24a. SIGNATURE OF FUNERAL DIRECTOR <i>Samuel Smith, Jr.</i>		24b. LICENSE NUMBER (of Licensee) 01019692		25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Divinity Funeral Home 83001570 P.O. Box 3278 E.C. 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. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Sepsis DUE TO (OR AS A CONSEQUENCE OF) b. Bladder infection DUE TO (OR AS A CONSEQUENCE OF) c. Prostate DUE TO (OR AS A CONSEQUENCE OF) d. _____ Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last				
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
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.				
29b. SIGNATURE AND TITLE OF CERTIFIER <i>David E. Ross</i>		29c. MEDICAL LICENSE NO. 01018989		29d. DATE SIGNED (Month, Day, Year) Oct. 31, 2000
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) David E. Ross, 419 W. 5th Ave. Gary, IN 46404		31. HEALTH OFFICER'S SIGNATURE <i>David E. Ross</i>		
33. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide		34a. DATE OF INJURY (Month, Day, Year)	34b. TIME OF INJURY	34c. JURY WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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) 002556		34g. DATE PRONOUNCED DEAD (Month, Day, Year) NOV 06 2000		
34h. MOTOR VEHICLE ACCIDENT? (Driver, passenger, pedestrian, etc.)		34i. SIGNATURE OF HEALTH OFFICER <i>David E. Ross</i>		



RECORDED
INDEXED
OCT 30 2000
STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD