\*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

State No. .....

Local No	THE RECORDS IN THIS SE	 RIES ARE C	ONFIDENTIAL PER	IC 16-1-19-3								
TYPE/PRINT	1 DECEASED—NAME (First, Middle, Last)					2 SEX Male		ME OF DEATH	March 9, 1999			
IN	John A		KAGE—Last Birthday	Ogers	5c UNDE		ATE OF BIRTH (Mo.	Day, Yr) 7	BIRTHPLACE ((	City and State or Fore	ign Country)	
PERMANENT	4. *social security number 426-52-9694		Years) ()	Months Day			vember 13,	1928 H	lolly Sp	oring, Mi	ssissip	
BLACK INK	8a WAS DECEDENT 8b. YEAR		AST SERVED IN		9a. F			heck only one. S				
Δ	A U.S. VETERAN? U.S. AF		MED FORCES?  N / A				OTHER Unursing Home Other (Specify)  OA  OTHER  OTH					
7	9b. FACILITY NAME (If not institution, give street and number)			ER/Outpatient DOA 9c. CIT						d. COUNTY OF DEATH		
DECEDENT	3140 West 21st Pla			ce			Gary			Lake		
	10. MARITAL STATUS 11. SURV		rviving spouse infe. give maiden name) Shnnie Burnett		12a DECED done du Trac	CEDENT'S USUAL OCCUPATION (Give kind of w the during most of working life. Do not use retired) cactor Operator		kind of work retired)		12b. Chood of Business/INDUSTRY C⊕y of Gary		
	13ª RESIDENCE—STATE	13b. COUNTY		13c. CITY, TOWN, O	RLOCATION	LOCATION		13d. STREET AND NUME		Wes <b>t-2</b> lst Place		
	Indiana	Lake		Gary						est 21ST Place		
	13e. ZIP CODE 13f. INSIDE CI	TY LIMITS 14 CITIZEN OF WHAT COUNTRY		15. WAS DECEDEN	T OF HISPANIC	ORIGIN? s. specify Cuban.	16. RACE—American Indian. Black, White, etc.		(Specify only highest grade completed)			
	13g. ON A FAF	242		Mexican Puerti			(Specify)			dary (0-12) Colle	College (1-4 or 5 + )	
	46404 XXX No. 1	ì	USA				Black Black		3rd			
	18. FATHER'S NAME (First, Middle Sam B		Ma			ers NAME (First Middle Meiden Surneme) O						
INFORMANT	20m. INFORMANTS NAME (Type/Print) Johnnie Rogers  20b. MAILING ADDRESS (Street and Number or Rural Route Number. City or Town. State. Zip. Code) Wife  20c. Relationship Wife											
$\mathcal{J}_{k}$	21a. METHOD OF DISPOSITION	21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, cremetory, or other place) March 13, 1999					: LOCATION—City or Town, State					
	Burial Cremation  Donation Other (Spec	Oak Hill Cemeter				ry Gary, Indiana						
DISPOSITION	22a. EMBALMER'S NAME.  22b. EMBALMER'S LICENSE NO.  23. WAS DEATH REPORTED TO CORONER?  XX No. UVEL TO THE PORTED TO CORONER?											
	ROOSEVELT Allen Sr. #01051696  246 LICENSE NUMBER  25 NAME ADDRESS AND LICENSE NUMBER OF FUNEBAL HOME  Guy & Allen Tuneral Directors, Inc  2959 West 11th Avenue											
	Vai	01	NO	TOE	#087002	98 <b>.</b> A	Gary, Ir	idiana	46404	83007704	· · · · · · · · · · · · · · · · · · ·	
	26. PART I Enter the disearrest, shock.	ases, injuries, c or heart failure	or complications that can be cause of the ca	n each line.			cardiac or respirator		)150g	- 型置表 m	pproximate nterval Between Onset and Death	
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	DUE TO (OR AS A CONSEQUENCE OF)										
CAUSE OF DEATH	Conditions, if any, which gave	b.	DUE TO (OR AS A CONSEQUENCE OF)									
۲ . م	rise to the immediate cause. stating the underlying cause last		DUE TO (	OR AS A CONSEQUI	ENCE OF)							
HELLEY HOLDS -1 HELLEY HOLDS -1 HELLEY Add HOLT IN Block 7		d.							TORSY 3	8b. WERE AUTOPSY	/ FINDINGS	
	PART II. Other significant condition	ns - Condition	s contributing to death	but not previously stat	ed in Part I.	27. WAS DEC PREGNAN POSTPAR (Yes or r	NT OR 90 DAYS	28a. WAS AN A PERFORME (Yes or no)	ED?	AVAILABLE PRIC COMPLETION OF OF DEATH? (Yes	F CAUSE	
	29e. CERTIFIER XX:DSTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated.											
	29a CERTIFIER  (Check only one)    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.											
	296 SIGNATURE AND TITLE OF		L K	Celat			29c. MEDI	. /		ON DATE SIGNED AND	longicyDay, Year)	
	30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Point)  Dr H Dala1 5825 Broadway Merrillville, Indiana 46410											
11541 711	31 HEALTH OFFICER SIGNAT	1 00	M) mil					32. DATE FILED (Month. Day. Year)				
HEALTH OFFICER	<i>V</i> 4	SILD RIVE				APR 0 8 1900			<u>8 1900</u>			
	33. MANNER OF DEATH		34a. DATE OF INJU (Month, Day, Ya		- 1	INJURY AT WO	DRK? 34d. (	DESCRIBE HOW	INJURY OCCUP	IRED		
	Natural Pending	on					M Street Pr				- State Is -	
	Accident  Suicide Could not be Determined Homicide		34e PLACE OF INJ building, etc. (Sp	street, factory, of	nt. factory, office		CATION (Street and Number or Rural F		Route Number: City or Town. State)			
	349 DATE PRONOUNCED DEA	D (Month Day	, Year) 34h MOT	OR VEHICLE ACCIDE	NT? (Yes or no)	",STEF	HENR. S	AUDITO	H O(	00475		

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

2005 001991

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hours 3364 K. St.