

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.

5CC

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No.

Local No. 03 0693

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

TYPE/PRINT IN PERMANENT BLACK INK

1 DECEASED—NAME (First, Middle, Last) Lily J. Jones			2 SEX Female		3a TIME OF DEATH 7:37 P M		3b DATE OF DEATH (Month, Day, Year) September 17, 2003		
4 *SOCIAL SECURITY NUMBER 313-36-9178		5a AGE—Last Birthday (Years) 67	5b UNDER 1 YEAR Months Days		5c UNDER 1 DAY Hours Minutes		6 DATE OF BIRTH (Mo, Day, Yr) September 5, 1936		
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 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		7 BIRTHPLACE (City and State or Foreign Country) Gary, Indiana	
9b FACILITY NAME (If not institution, give street and number) Methodist Hospital Northlake				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) Booker T. Jones Jr.		12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Homemaker		12b KIND OF BUSINESS/INDUSTRY Home			
13a RESIDENCE—STATE Indiana		13b COUNTY Lake		13c CITY, TOWN, OR LOCATION Gary		13d STREET AND NUMBER 2225 Arthur Street			
13e ZIP CODE 46404		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 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) 12th	
18 FATHER'S NAME (First, Middle, Last) C. R. Wood				19 MOTHER'S NAME (First, Middle, Maiden Surname) Carrie Morton					
20a INFORMANT'S NAME (Type/Print) Booker T. Jones Jr.			20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2225 Arthur Street Gary, Indiana 46404				20c Relationship Husband		
21a METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Entombment <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) September 24, 2003 Ridgelawn Cemetery			21c LOCATION—City or Town, State Gary, Indiana			
22a EMBALMER'S NAME Patrician Owens			22b EMBALMER'S LICENSE NO. #08700298		23 WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				
24a SIGNATURE OF FUNERAL DIRECTOR <i>Valerie Brown</i>			24b LICENSE NUMBER (of Licensee) #08700646		25 NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Guy & Allen Funeral Directors, Inc 2959 West 11th Avenue Gary, Indiana 46404 83007702				
26. PART I Enter the disease(s), 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. <i>Cerebral Head pain</i>		DUE TO (OR AS A CONSEQUENCE OF)		b. <i>Coronary artery</i>		DUE TO (OR AS A CONSEQUENCE OF)	
Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last		c.		DUE TO (OR AS A CONSEQUENCE OF)		d.			
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)	
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) and manner as stated.			29b. SIGNATURE AND TITLE OF CERTIFIER <i>Professor MD</i>		29c. MEDICAL LICENSE NO. 01018989		29d. DATE SIGNED (Month, Day, Year) October 6, 2003		
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) David E. Ross 1219 W. 5th Ave Gary, IN 46404								31. HEALTH OFFICER'S SIGNATURE <i>[Signature]</i>	
								32. DATE FILED (Month, Day, Year) OCT 06 2003	
33. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accidental <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 HOLD FOR THE TALON GROUP				
34a. PLACE OF INJURY—At home, farm, street, factory, office, building, etc. (Specify) 1125306			34f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 900 TB RW						
34g. DATE PRONOUNCED DEAD (Month, Day, Year)			34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.						

Lots 40, 41, and 42, block 4, in Gary Park, Fourth Addition to Gary, as per plat thereof, recorded in Plat Book 8, page 31, in the Office of the Recorder of Lake County, Indiana

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FILED

JUN - 9 2005

STEPHEN R. STIGLICH
LAKE COUNTY AUDITOR

900 TB RW

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