\* 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. 050247

SDH06-004 State Form 10110 (R5/1-99)

## INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

0	
State No.	 

	THE RECORDS IN THIS SE	RIES ARE CONFIDENTIAL PE	R IC 16-37-1-10							
TYPE/PRINT IN	1 DECEASED—NAME (First N Viola Carter	CEASED—NAME (First Middle, Last)		2 SEX 3a TIME OF Female 6:00 P			DEATH 36 DAYE OF DEATH (Month Cay Yr) May 2, 2005			
PERMANENT	4. *SOCIAL SECURITY NUMBER	5a AGE—Last Birthday (Years)	56 UNDER 1 YEAR			ATE OF BIRTH (Mo. Day, Y.	n 7. B:9T	HPLACE (City and State	or Foreign Country	
<b>BLACK INK</b>	242-34-2774	82	Months Days	Hours	Minutes Dec	ember 30, 1922	2 Pen	der County,N	orth Carol	
	84 WAS DECEDENT A U.S. VETERAN?	86 YEAR LAST SERVED IN U.S. ARMED FORCES?		9a. PLACE OF DEATH (Check only				one See instructions)		
1	No	HOSPITAL   Inpet	PITAL   Inpatient   OTHER   XX Nursing Home   Other					her (Specify)		
Ţ	ER/Outpatient DOA Residence									
DECEDENT	Timberview Healt		Gary			ATH 9d.	COUNTY OF DEATH Lake			
	10. MARITAL STATUS 11. SURVIVING SPOUSE (Specify) (If wife, give maiden name)		12a DECEDEN done durin		NTS USUAL OCCUPATION (Give kind of working most of working life. Do not use retired)		work 12b.	12b. KIND OF BUSINESS/INDUSTRY		
	Wldowed None			Assembly Line					Motorolla	
	13a RESIDENCE-STATE 13b COUNTY 13c CITY TOWN OR LOCATION					13d STREET AN				
	Indiana Lake Gary						2200 Ohio Street			
	13e. ZIP CODE 13f INSIDE CITY LIMITS 14 CITIZEN OF 15. WAS DECEDENT OF HISPANIC  □ No XXYes WHAT COUNTRY? XX□ No □ Yes (If yes.					<ol> <li>RACE—American India Black, White, etc.</li> </ol>	en.	17. DECEDENT'S EDUCATION		
	13g ON A FAR	Mexican, Puerto Rican, etc.)		(Specify)		(Specify only highest grade completed)  Elementary/Secondary (0-12)   College (1-4 or 5)				
	46407	46407 USA USA				Black		12		
PARENTS	George Dixon	. Lasu			19. MOTHERS NAME (First. Middle. Meiden Surneme) Roseanna Brown					
	20s. INFORMANT'S NAME (Type	(Print)	205 84411 1810	ADDRESS (S	<u> </u>					
INFORMANT		e mag	1			rillville, Inc			lationship Niece	
1	Frances Dixon 21a METHOD OF DISPOSITION	☐ Entombment	21b. DATE AND PLACE				_	ATION Sty or Town, St		
	Burnal XX Cramation	Removal from State	other place) May			emetery, crematory, or	216. 6002	CION—Only or Town, St	ate	
,	☐ Donetton ☐ Other (Spec		Oak Hill				Ga	ry, <b>d</b> iana		
DISPOSITION	228. EMBALMER'S NAME:		226 EMBALMER'S		15	23. WAS DEATH RE	_	ORONER?		
	Sherman G. Banks III FD01016254 XX No Ves  246. SIGNATURE OF FUNERAL DIRECTOR 246. SIGNATURE OF FUNERAL HOME									
	248. SIGNATURE OF FOREHALD	RECTOR		ICENSE NUMB					_	
	Merme	all Ister	hent is	01016254		Smith Bizzell 4209 Grant Str				
		ses, injuries, or complications that car			erms such as ca	ardiac or respiratory	worker of the		Approximate	
	arrest, shock, o	r heart failure. List only one cause or	3	· /	corue	L!	1	3 =	interval Between	
	IMMEDIATE CAUSE (Final	a	1ce, of	(0)	on,			<u> </u>	> Onset and Deat	
CAUSE OF	disease or condition resulting in death)	DUE TO (C	OR AS A CONSEQUENC	E OF)	live		商品	TI.	だ (17) <b>だ</b> (17)	
DEATH	Conditions, if any, which gave	DUE TOXE	A AS A CONSEQUENC	E OF	1000	3.	55	<del></del>	5	
	rise to the immediate cause, stating the underlying	c (+	Inema							
	cause last	DUE TO (OR AS A CONSEQUEN		CE OF:				重 或岩色		
		d.						_ = 공=	25	
	PART II Other significant condition	s - Conditions contributing to death b	ut not previously stated in	Part L 2	7. WAS DECE	DENT 28a WAS	AN AUTOPSY	286 WERETAUTO	OPSY FINDINGS	
						OR 90 DAYS PERF	ORMED?	AVAILABLE	PRIOR TO	
			THE STREET	Tree	(Yes or no)		NO		N OF CAUSE (Yes or no)	
			TUNER	S TILL		10.0	700	, l	10	
	(Check only			The state of the s		place and due to the cause				
	one) LI 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									
		ORONER On the basis of examine	tion and/or investigation.	in my opini <mark>on, d</mark>	eath occurred at	the time, date, and place, and	due to the caus	se(s) and manner as state	d	
CERTIFIER	296 SIGNATURE AND TITLE OF	4				29c MEDICAL LICEN	NSE NO	29d DATE SIGNED	) (Month. Day. Year	
	Doer					10103218	30	05-24	15	
	30 NAME AND ADDRESS OF PER			pe/Print)	1/	6			,	
ŀ	Sulendra	J. Shah M	D 229	S Dr	Ough	and Sunte	<u># 14</u>	iem: Ilv: Ile	DO 464	
HEALTH OFFICER	3! HEALTH OFFICER'S SIGNATU					En		JUN 0	T 2005"	
[	33 MANNER OF DEATH	S44 DATE OF INJURY		34c N	JURYAT	ESCRIBE	YRULNI WOH	OCCURRED		
	☐ Natural ☐ Pending	(Month. Day, Year	INJURY	(7)	is or no)		,	്കരസ		
54 A	Pending Pending		JUN 10 200E			2005	Ť	J0960		
~1	Accesent The Control of the Control	34e PLACE OF INJUF building, etc. (Spec	IY —At home, farm street	. factory, office	3	If LOCATION (Street and i	Number or Rural	Route Number, City or T	own. State)	
	Plomecide Determined	soluting, the Coppe		STEE	HEND	STIGLICH		#1	9-	
- L	34g DATE PRONOUNCED DEAD	Stoom Down II				Y AUDITOR.			7	
1	JAY DATE FRONUUNCED DEAD!	monut Day, Year) 34h MOTOF	VEHICLE ACCIDENT?	(Ydanb?MO)	A KARAMAN	er blevded ledelije e	c		ME	