10CC + FREE 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.

Local No. 1339-05

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No. ....

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

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

Field	Entry
1. DECEASED—NAME (First, Middle, Last)	Bernard Brown
2. SEX	Male
3a. TIME OF DEATH	10:40 AM
3b. DATE OF DEATH (Month, Day, Yr)	April 26, 2005
4. *SOCIAL SECURITY NUMBER	433-22-4559
5a. AGE—Last Birthday (Years)	83
5b. UNDER 1 YEAR (Months / Days)	
5c. UNDER 1 DAY (Hours / Minutes)	
6. DATE OF BIRTH (Mo, Day, Yr)	September 21,1921
7. BIRTHPLACE (City and State or Foreign Country)	Fondale, Louisiana
8a. WAS DECEDENT A U.S. VETERAN?	YES
8b. YEAR LAST SERVED IN U.S. ARMED FORCES?	1945
9a. PLACE OF DEATH (Check only one. See instructions.)	HOSPITAL: XX Inpatient; ☐ ER/Outpatient; ☐ DOA. OTHER: ☐ Nursing Home; ☐ Other (Specify); ☐ 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)	Rosa Sadler
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired)	Supervisor
12b. KIND OF BUSINESS/INDUSTRY	USX Steel Corp.
13a. RESIDENCE—STATE	Indiana
13b. COUNTY	Lake
13c. CITY, TOWN, OR LOCATION	Gary
13d. STREET AND NUMBER	6600 Ash Place
13e. ZIP CODE	46403
13f. INSIDE CITY LIMITS	☐ No XX Yes
13g. ON A FARM?	XX No ☐ Yes
14. CITIZEN OF WHAT COUNTRY?	USA
15. WAS DECEDENT OF HISPANIC ORIGIN? (If yes, specify Cuban, Mexican, Puerto Rican, etc.)	XX No ☐ Yes
16. RACE—American Indian, Black, White, etc. (Specify)	Black
17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) / College (1-4 or 5 +)	College: 1 Year

PARENTS

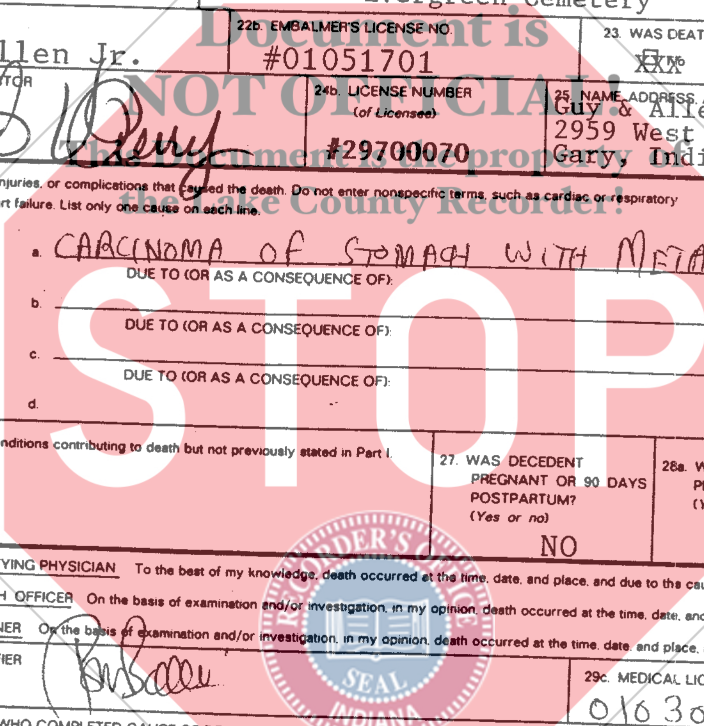
Field	Entry
18. FATHER'S NAME (First, Middle, Last)	Will Brown
19. MOTHER'S NAME (First, Middle, Maiden Surname)	Amy Edwards

INFORMANT

Field	Entry
20a. INFORMANT'S NAME (Type/Print)	Janice Armour
20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)	6600 Ash Place Gary, Indiana 46403
20c. Relationship	Daughter

DISPOSITION

Field	Entry
21a. METHOD OF DISPOSITION	XXX Burial; ☐ Cremation; ☐ Donation; ☐ Other (Specify); ☐ Entombment; ☐ Removal from State
21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)	April 30, 2005 Evergreen Cemetery
21c. LOCATION—City or Town, State	Hobart, Indiana
22a. EMBALMER'S NAME	Roosevelt Allen Jr.
22b. EMBALMER'S LICENSE NO.	#01051701
23. WAS DEATH REPORTED TO CORONER?	XX No ☐ Yes
24a. SIGNATURE OF FUNERAL DIRECTOR	[signature]
24b. LICENSE NUMBER (of Licensee)	#29700070
25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME	Guy & Allen Funeral Directors, Inc 2959 West 11th Avenue Gary, Indiana 46404 83007704



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CAUSE OF DEATH

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.	CARCINOMA OF STOMACH WITH METASTASES	1 1/2 YRS
b. DUE TO (OR AS A CONSEQUENCE OF):		
c. DUE TO (OR AS A CONSEQUENCE OF):		
d. DUE TO (OR AS A CONSEQUENCE OF):		

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

Field	Entry
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)	---------

CERTIFIER

29a. CERTIFIER (Check only one)
- XXX CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated.
- ☐ 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.
- ☐ 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.

Field	Entry
29b. SIGNATURE AND TITLE OF CERTIFIER	[signature]
29c. MEDICAL LICENSE NO.	01030107
29d. DATE SIGNED (Month, Day, Year)	4-29-05
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print)	Dr. Barai 200 East 89th Avenue Merrillville, Indiana 46410

HEALTH OFFICER

Field	Entry
31. HEALTH OFFICER'S SIGNATURE	[signature] D.O.
32. DATE FILED (Month, Day, Year)	May 12, 2005

Field	Entry
33. MANNER OF DEATH	XXX Natural; ☐ Accident; ☐ Suicide; ☐ Homicide; ☐ Pending Investigation; ☐ Could not be Determined
34a. DATE OF INJURY (Month, Day, Year)	
34b. TIME OF INJURY	
34c. INJURY AT WORK? (Yes or 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)	
34g. DATE PRONOUNCED DEAD (Month, Day, Year)	
34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.	

FILED JUN 1 6 2005

STEPHEN R. STIGLICH LAKE COUNTY AUDITOR

001439

2005 JUN 10 AM — FILED FOR RECORD — LAKE COUNTY — MICHAEL A. BROWN RECORDER

THIS CERTIFIES THE ABOVE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT.

MAY 12 2005

Nodas Dove 8710 Brownway Merrill 46410

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

"EXHIBIT A"