

* 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. 235

State No. Key # 30-560-16

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) R. P. Jackson			2. SEX Male		3a. TIME OF DEATH 12:54P.M.		3b. DATE OF DEATH (Month, Day, Yr) October 14, 2001						
4. *SOCIAL SECURITY NUMBER 257-34-7581		5a. AGE—Last Birthday (Years) 72		5b. UNDER 1 YEAR Months Days		5c. UNDER 1 DAY Hours Minutes		6. DATE OF BIRTH (Mo, Day, Yr) Nov. 4, 1928		7. BIRTHPLACE (City and State or Foreign Country) Hatchechubbee, Alabama			
8a. WAS DECEDENT A U.S. VETERAN? Yes		8b. YEAR LAST SERVED IN U.S. ARMED FORCES? 1953		9a. PLACE OF DEATH (Check only one. See instructions) HOSPITAL: <input type="checkbox"/> Inpatient <input checked="" 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) St. Catherine Hospital		9c. CITY, TOWN, OR LOCATION OF DEATH East Chicago		9d. COUNTY OF DEATH Lake	
10. MARITAL STATUS (Specify) Married		11. SURVIVING SPOUSE (If wife, give maiden name) Audrey Jefferson		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Operator (retired)				12b. KIND OF BUSINESS/INDUSTRY American Steel Foundries					
13a. RESIDENCE—STATE Indiana		13b. COUNTY Lake		13c. CITY, TOWN, OR LOCATION East Chicago			13d. STREET AND NUMBER 509 E. 149th Place						
13e. ZIP CODE 46312		13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" 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. DECEDENT'S EDUCATION (Specify only highest grade completed) 10th			
18. FATHER'S NAME (First, Middle, Last) Charlie Jackson						19. MOTHER'S NAME (First, Middle, Maiden Surname) Osie King							
20a. INFORMANT'S NAME (Type/Print) Audrey Jackson				20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 509 E. 149th Place East Chicago, Indiana 46312				20c. Relationship Wife					
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) October 19, 2001 Fern Oaks Cemetery				21c. LOCATION—City or Town, State Griffith, Indiana						
22a. EMBALMER'S NAME Tracy Cheri Williams			22b. EMBALMER'S LICENSE NO. FD08600238			23. WAS DEATH REPORTED TO CORONER? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes							
24a. SIGNATURE OF FUNERAL DIRECTOR <i>Tracy Cheri Williams</i>			24b. LICENSE NUMBER (of Licensee) FD08600238			25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Hinton-Williams Funeral Home 8300152 4859 Alexander Avenue East Chicago, Indiana 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. <i>Acute Myocardial Infarction</i> DUE TO (OR AS A CONSEQUENCE OF): b. DUE TO (OR AS A CONSEQUENCE OF): c. 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) and manner as stated.													
29b. SIGNATURE AND TITLE OF CERTIFIER <i>W. Silverman</i>						29c. MEDICAL LICENSE NO. 01035703			29d. DATE SIGNED (Month, Day, Year) 10/16/01				
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Mansueto Silverman, M.D 3641 Ridge Road Highland, Indiana 46322													
31. HEALTH OFFICER'S SIGNATURE <i>Mr. Timothy Cackovich</i>						32. DATE FILED (Month, Day, Year) 10/17/01							
33. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <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				
34e. PLACE OF INJURY—At home, farm, street, factory, 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, etc.										



FILED JUN 14 2005 STEPHEN R. STIGLICH LAKE COUNTY AUDITOR

C01127