

* 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. 04-0223

State No.

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

WILLIAMS JONES
700 W Ridgely
Road Gary Ind
4440

1 DECEASED—NAME (First, Middle, Last) JAMES MATTHEW WILLIAMSON		2 SEX MALE		3a TIME OF DEATH 11:10am		3b DATE OF DEATH (Month, Day, Yr.) May 3, 2004	
4 *SOCIAL SECURITY NUMBER 409-32-0323		5a AGE—Last Birthday (Years) 81		5b UNDER 1 YEAR Months: Days:		5c UNDER 1 DAY Hours: Minutes:	
6 DATE OF BIRTH (Mo, Day, Yr.) Aug. 12, 1922		7 BIRTHPLACE (City and State or Foreign Country) Stanton TN					
8a WAS DECEDENT A U.S. VETERAN? No		8b YEAR LAST SERVED IN U.S. ARMED FORCES? No		9a PLACE OF DEATH (Check only one. See instructions.) <input type="checkbox"/> HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input checked="" type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input checked="" type="checkbox"/> Residence			
9b FACILITY NAME (If not institution, give street and number) 1724 Rutledge Street			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) Eva Lee Summers		12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Steelworker		12b KIND OF BUSINESS/INDUSTRY Steel Mill	
13a RESIDENCE—STATE IN		13b COUNTY Lake		13c CITY, TOWN, OR LOCATION Gary		13d STREET AND NUMBER 1724 Rutledge 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 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) Elementary/Secondary (0-12) 10 College (1-4 or 5+)			
18 FATHER'S NAME (First, Middle, Last) Medley Williamson				19 MOTHER'S NAME (First, Middle, Maiden Surname) Minnie Graves			
20a INFORMANT'S NAME (Type/Print) Eva L. Williamson			20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 1724 Rutledge St., Gary, IN 46404			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) Oak Hill Cemetery May 15, 2004			21c LOCATION—City or Town, State Gary, IN		
22a EMBALMER'S NAME Paul Anthony Robinson		22b EMBALMER'S LICENSE NO. 1017284		23 WAS DEATH REPORTED TO CORONER? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes			
24a SIGNATURE OF FUNERAL DIRECTOR <i>Paul Anthony Robinson</i>		24b LICENSE NUMBER (of Licensee) 1017284		25 NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME House of Robinson #19500007 1900 W. 15th Ave., Gary, IN 464			
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. Alzheimer's DUE TO (OR AS A CONSEQUENCE OF) Months							
b. Hypertension DUE TO (OR AS A CONSEQUENCE OF) year							
c. Colon Cancer DUE TO (OR AS A CONSEQUENCE OF) year							
d.							
PART II Other significant conditions - Conditions contributing to death but not previously stated in Part I							
27 WAS DECEASED PREGNANT OR 30 DAYS POSTPARTUM? (Yes or no) NO		28a WAS AN AUTOPSY PERFORMED? NO		28b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) NO			
29a CERTIFIER (Check only one) <input 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>Ladi Alzeidan</i>			29c MEDICAL LICENSE NO. 01053003A			29d DATE SIGNED (Month, Day, Year) 5/25/04	
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) FADI ALZEIDAN, MD 1619 W. 5TH AVENUE GARY, IN 46404							
31 HEALTH OFFICER'S SIGNATURE <i>[Signature]</i>						32 DATE FILED (Month, Day, Year) MAY 26 2004	
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, 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.					

Document is the property of Lake County Recorder
NOT OFFICIAL
FILED
JUN 24 2005
STEPHEN R. STIGLICH
LAKE COUNTY AUDITOR

002018
6/12/04
LADY
LADY