THIS IS AN OFFICIAL COPY OF RECORD OF DEATH. ORIGINAL COPY ON FILE AT THIS COUNTY'S HEALTH DEPARTMENT

078706

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. 54

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No. 2

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

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

Field	Entry
1. DECEDENT—NAME (First, Middle, Last)	Minnie M. Allen
2. SEX	Female
3a. TIME OF DEATH	3:52P. M
3b. DATE OF DEATH (Month, Day, Yr.)	March 1, 2006
4. *SOCIAL SECURITY NUMBER	310-22-9347
5a. AGE—Last Birthday (Years)	80
5b. UNDER 1 YEAR (Months / Days)	
5c. UNDER 1 DAY (Hours / Minutes)	
6. DATE OF BIRTH (Mo. Day, Yr)	July 15, 1925
7. BIRTHPLACE (City and State or Foreign Country)	Russell County, Alabama
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: ☐ Inpatient ☐ ER/Outpatient ☐ DOA; OTHER: ☐ Nursing Home ☒ Residence ☐ Other (Specify)
9b. FACILITY NAME (If not institution, give street and number)	4836 McCook Avenue
9c. CITY, TOWN, OR LOCATION OF DEATH	East Chicago
9d. COUNTY OF DEATH	Lake
10. MARITAL STATUS (Specify)	Widow
11. SURVIVING SPOUSE (If wife, give maiden name)	N/A
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired)	Teacher's Aide
12b. KIND OF BUSINESS/INDUSTRY	Day Care
13a. RESIDENCE—STATE	Indiana
13b. COUNTY	Lake
13c. CITY, TOWN, OR LOCATION	East Chicago
13d. STREET AND NUMBER	4836 McCook Avenue
13e. ZIP CODE	46312
13f. INSIDE CITY LIMITS	☐ No ☒ Yes
13g. ON A FARM?	☒ No ☐ Yes
14. CITIZEN OF WHAT COUNTRY?	USA
15. WAS DECEDENT OF HISPANIC ORIGIN? (If yes, specify Cuban, Mexican, Puerto Rican, etc.)	☒ 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 +)	12th

PARENTS

Field	Entry
18. FATHER'S NAME (First, Middle, Last)	Eli Shorter
19. MOTHER'S NAME (First, Middle, Maiden Surname)	Hattie Comer

INFORMANT

Field	Entry
20a. INFORMANT'S NAME (Type/Print)	Karen Johnson
20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)	4235 Connecticut St. Gary, Indiana 46409
20c. Relationship	Daughter

DISPOSITION

Field	Entry
21a. METHOD OF DISPOSITION	☒ Burial ☐ Cremation ☐ Entombment ☐ Removal from State ☐ Donation ☐ Other (Specify)
21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)	March 6, 2006 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?	☐ No ☒ Yes
24a. SIGNATURE OF FUNERAL DIRECTOR	Tracy Cheri Williams
24b. LICENSE NUMBER (of Licensee)	FD08600238
25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME	Hinton & Williams Funeral Home, Inc. 4859 Alexander Avenue East Chicago, IN 46312 FH83001520

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.	Multiple Myeloma, Cardiac Arrhythmia	
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

Field	Entry
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)	N/A
28a. WAS AN AUTOPSY PERFORMED? (Yes or no)	N
28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no)	

CERTIFIER

29a. CERTIFIER (Check only one)
- ☒ 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] MD
29c. MEDICAL LICENSE NO.	01044239
29d. DATE SIGNED (Month, Day, Year)	3-2-06
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print)	Dr. Tarek Kudaimi 801 MacArthur Blvd. Suite 305 Munster IN 46321

HEALTH OFFICER

Field	Entry
31. HEALTH OFFICER'S SIGNATURE	[signature] MD
32. DATE FILED (Month, Day, Year)	3/3/06

Field	Entry
33. MANNER OF DEATH	☐ Natural ☐ Pending Investigation ☐ Accident ☐ Suicide ☐ Could not be Determined ☐ 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. IF MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.	

005685

FILED MAR 15 2006 PEGGY HOLINGA KATONA LAKE COUNTY AUDITOR

2006 MAR 15 PM 1:18 MICHAEL A. BROWN RECORDER / STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2006 021817

Parcel # 34-30-337-18

25 11.00 D.D.M.

IVRA-20 (SDH06-004 State Form 10110 (R5/1-99)

VOID IF ALTERED OR ERASED - NOT VALID UNLESS CERTIFIED BY HEALTH DEPARTMENT

Prescribed by the
State Board of Accounts
(2005)

County form 170

Declaration

This form is to be signed by the preparer of a document and recorded with each document in accordance with IC 36-2-7.5-5(a).

I, the undersigned preparer of the attached document, in accordance with IC 36-2-7.5, do herby affirm under the penalties of perjury:

1. I have reviewed the attached document for the purpose of identifying and, to the extent permitted by law, redacting all Social Security number in attached document.
2. I have redacted, to the extent permitted by law, each Social Security number in the attached document.

I, undersigned, affirm under the penalties of perjury, that the foregoing declarations are true.

William K. Coomes
Signature of Declarant

WILLIAM K. COOMES
Printed Name of Declarant