Tax Mail
4138 Homerlee Ave
East Chicago, IN 46312

Key # 30-468-14

ATTENTION ESTATE: The Social Security # is eing requested by this state agency in order to ursue its statutory responsibility. Disclosure is oluntary and there will be no penalty for refusal.

ocal No. 4054-05

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No. ....

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

YPE/PRINT IN ERMANENT BLACK INK

ECEDENT

Field	Entry
1. DECEASED—NAME (First, Middle, Last)	LEANNA MAE BALL
2. SEX	FEMALE
3a. TIME OF DEATH	11:30 AM
3b. DATE OF DEATH (Month, Day, Yr.)	NOVEMBER 30, 2005
4. SOCIAL SECURITY NUMBER	309-58-5913
5a. AGE—Last Birthday (Years)	57
5b. UNDER 1 YEAR (Months / Days)	
5c. UNDER 1 DAY (Hours / Minutes)	
6. DATE OF BIRTH (Mo, Day, Yr)	NOVEMBER 13, 1948
7. BIRTHPLACE (City and State or Foreign Country)	EAST CHICAGO INDIANA
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 ☐ Other (Specify) ☐ Residence
9b. FACILITY NAME (If not institution, give street and number)	METHODIST HOSPITAL SOUTHLAKE
9c. CITY, TOWN, OR LOCATION OF DEATH	MERRILLVILLE
9d. COUNTY OF DEATH	LAKE
10. MARITAL STATUS (Specify)	NEVER MARRIED
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)	HOMEMAKER
12b. KIND OF BUSINESS/INDUSTRY	OWN HOME
13a. RESIDENCE—STATE	INDIANA
13b. COUNTY	LAKE
13c. CITY, TOWN, OR LOCATION	EAST CHICAGO
13d. STREET AND NUMBER	4138 HOMERLEE AVENUE
13e. ZIP CODE	46312
13f. INSIDE CITY LIMITS	☐ No ☒ Yes
13g. ON A FARM?	☒ No ☐ Yes
14. CITIZEN OF WHAT COUNTRY?	U.S.A.
15. WAS DECEDENT OF HISPANIC ORIGIN?	☒ No ☐ Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc.)
16. RACE—American Indian, Black, White, etc. (Specify)	WHITE
17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) / College (1-4 or 5+)	12

ARENTS

Field	Entry
18. FATHER'S NAME (First, Middle, Last)	LOGAN BALL
19. MOTHER'S NAME (First, Middle, Maiden Surname)	ESTA CONLEY

IFORMANT

Field	Entry
20a. INFORMANT'S NAME (Type/Print)	LEONORA BENDA
20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)	4138 HOMERLEE AVE. EAST CHICAGO, IN 46312
20c. Relationship	SISTER

ISPOSITION

Field	Entry
21a. METHOD OF DISPOSITION	☒ Burial ☐ Cremation ☐ Donation ☐ Entombment ☐ Removal from State ☐ Other (Specify)
21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)	DECEMBER 3, 2005 GRACELAND CEMETERY
21c. LOCATION—City or Town, State	KOUTS, INDIANA
22a. EMBALMER'S NAME	SCOTT PREWITT
22b. EMBALMER'S LICENSE NO.	FD01006861
23. WAS DEATH REPORTED TO CORONER?	☐ No ☒ Yes
24a. SIGNATURE OF FUNERAL DIRECTOR	[signature]
24b. LICENSE NUMBER (of Licensee)	FD20400030
25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME	FH83003035 FAGEN-MILLER FUNERAL HOME 2828 HIGHWAY AVE. HIGHLAND, IN 46322

AUSE OF EATH

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. Cardiac Arrest

DUE TO (OR AS A CONSEQUENCE OF):

b. Chronic airway obs[tructive] [illegible]

DUE TO (OR AS A CONSEQUENCE OF):

c. [illegible] dependen[ce]

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

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)	NO

ERTIFIER

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]
29c. MEDICAL LICENSE NO.	01029931
29d. DATE SIGNED (Month, Day, Year)	12/2/05
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print)	DR OLIVER CRAWFORD 4296 BROADWAY GARY, IN.

EALTH FFICER

Field	Entry
31. HEALTH OFFICER'S SIGNATURE	[signature] D.O.
32. DATE FILED (Month, Day, Year)	December 5, 2005

Field	Entry
33. MANNER OF DEATH	☐ 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.	

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

DEC 0 5 2005

018758

FILED SEP 2 0 2006 PEGGY HOLINGA KATONA LAKE COUNTY AUDITOR

2006 082786

MICHAEL BROWN RECORDER

STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

$11.00

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