

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

Local No. 01 0020 CERTIFICATE OF DEATH State No. . . . .

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-19-3

TYPE/PRINT IN PERMANENT BLACK INK

1. DECEASED-NAME (First, Middle, Last) Creadell C. Golden
2. SEX Male
3a. TIME OF DEATH 6:05 P
3b. DATE OF DEATH (Month, Day, Yr) January 19, 2001
4. SOCIAL SECURITY NUMBER 444-22-6353
5a. AGE-Last Birthday (Years) 74
5b. UNDER 1 YEAR Months Days
5c. UNDER 1 DAY Hours Minutes
6. DATE OF BIRTH (Mo, Day, Yr) April 26, 1926
7. BIRTHPLACE (City and State or Foreign Country) Idabel, Oklahoma
8a. WAS DECEDENT A U.S. VETERAN? Yes
8b. YEAR LAST SERVED IN U.S. ARMED FORCES? 1946
9a. PLACE OF DEATH (Check only one. See instructions.) HOSPITAL: Inpatient X ER/Outpatient OOA OTHER: Nursing Home Residence Other (Specify)
9b. FACILITY NAME (if not institution, give street and number) Gary Methodist Northlake
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) Fannie Odessa Mosley
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Switchman
12b. KIND OF BUSINESS/INDUSTRY USX
13a. RESIDENCE-STATE Indiana
13b. COUNTY Lake
13c. CITY, TOWN, OR LOCATION Gary
13d. STREET AND NUMBER 1580 Taft Street
13e. ZIP CODE 46404
13f. INSIDE CITY LIMITS No X Yes
14. CITIZEN OF WHAT COUNTRY? U.S.A.
15. WAS DECEDENT OF HISPANIC ORIGIN? X No 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) College (1-4 or 5+)

18. FATHER'S NAME (First, Middle, Last) Charles Golden
19. MOTHER'S NAME (First, Middle, Maiden Surname) Dora Parker

20a. INFORMANT'S NAME (Type/Print) Fannie Odessa Golden
20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 1580 Taft Street Gary, IN 46404
20c. Relationship Wife

21a. METHOD OF DISPOSITION Entombment X Burial Cremation Removal from State Donation Other (Specify)
21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) January 26, 2001 Oak Hill Cemetery
21c. LOCATION-City, Town, State Gary, Indiana

22a. EMBALMER'S NAME Sherman Banks III
22b. EMBALMER'S LICENSE NO. FD 01016254
23. WAS DEATH REPORTED TO CORONER? No

24a. SIGNATURE OF FUNERAL DIRECTOR [Signature]
24b. LICENSE NUMBER (of Licensee) FD-01016254
25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Smith Bizzell & Warner Funeral Home, 4209 Grant St, Gary, IN, 46408, FI 19600034

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. Lung Cancer
b. Emphysema
c.
d.
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

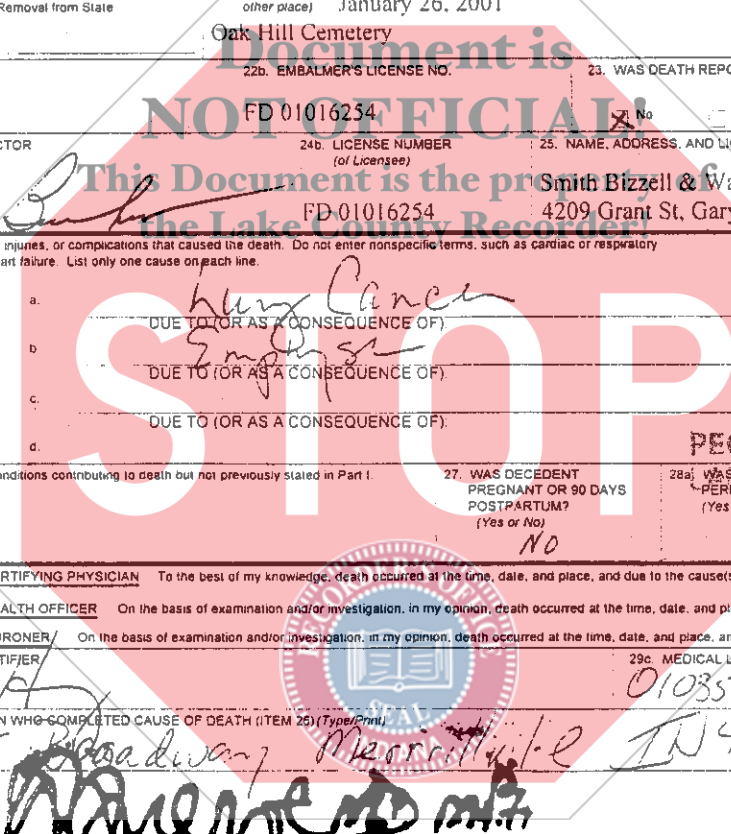
29a. CERTIFIER (Check only one)
CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated.
HEALTH OFFICER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the 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.

29b. SIGNATURE AND TITLE OF CERTIFIER [Signature]
29c. MEDICAL LICENSE NO. 0103572
29d. DATE SIGNED (Month, Day, Year) 2-5-01

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) 8895 Broadway, Merrillville, IN 46440
31. HEALTH OFFICER'S SIGNATURE [Signature]
32. DATE FILED (Month, Day, Year) FEB 06 2001

33. MANNER OF DEATH Natural Pending Investigation Accident 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.

Handwritten notes: Gary Park 4th Add, lot 11 B1.4 E.N. 75ff, 4 all lot 12, B1.4, 25-43-9238-0012, Rutz Add lot 13, 25-46-0476-0012



Vertical stamp: 2006-090789, FILED IN PH 408, OCT 2 2006, PEGGY HOLINGA RAYONA, INDIANA STATE DEPARTMENT OF HEALTH, LAKE COUNTY RECORDS, APPROXIMATE Interval Between Death and Death

Handwritten note: All CS CAR