

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

State No.

Local No. 47

2007 040567

2007 MAY 17 PM 1:27

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) **George Washington Dawkins**

2. SEX **Male**

3a. TIME OF DEATH **4:09PM M**

3b. DATE OF DEATH (Month, Day, Yr.) **February 3, 2005**

4. *SOCIAL SECURITY NUMBER **316-24-6678**

5a. AGE—Last Birthday (Years) **75**

5b. UNDER 1 YEAR Months Days

5c. UNDER 1 DAY Hours Minutes

6. DATE OF BIRTH (Mo, Day, Yr) **October 20, 1929**

7. BIRTHPLACE (City and State or Foreign Country) **East Chicago, Indiana**

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: Inpatient ER/Outpatient DOA

OTHER: Nursing Home Other (Specify)

Residence

9b. FACILITY NAME (If not institution, give street and number) **4236 Elm Street**

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) **Verda Page**

12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) **Pipefitter (retired)**

12b. KIND OF BUSINESS/INDUSTRY **Inland Steel**

13a. RESIDENCE—STATE **Indiana**

13b. COUNTY **Lake**

13c. CITY, TOWN, OR LOCATION **East Chicago**

13d. STREET AND NUMBER **4236 Elm Street**

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? 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) **12th** College (1-4 or 5+)

18. FATHER'S NAME (First, Middle, Last) **George Dawkins, Sr.**

19. MOTHER'S NAME (First, Middle, Maiden Surname) **Zeola Mitchell**

20a. INFORMANT'S NAME (Type/Print) **Verda Dawkins**

20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) **4236 Elm Street East Chicago, IN 46312**

20c. Relationship **Wife**

21a. METHOD OF DISPOSITION Burial Entombment Cremation Removal from State Donation Other (Specify)

21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) **February 10, 2005 Oak Hill Cemetery**

21c. LOCATION—City or Town, State **Gary, 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 License) **FD08600238**

25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME **Hinton & Williams Funeral Home, Inc. 4859 Alexander Avenue East Chicago, IN 46312 FH83001520**

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) **Prostate Cancer**

Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last

a. DUE TO (OR AS A CONSEQUENCE OF)

b. DUE TO (OR AS A CONSEQUENCE OF)

c. DUE TO (OR AS A CONSEQUENCE OF)

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 *Michael J. ...*

29c. MEDICAL LICENSE NO. **31281**

29d. DATE SIGNED (Month, Day, Year) **2/4/05**

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) **HEIDI NICKLHOUSE, 1100 S 955 Broadway, Merrillville, IN**

31. HEALTH OFFICER'S SIGNATURE *Dr. Timothy Raykovich M.D.*

32. DATE FILED (Month, Day, Year) **2-7-05**

33. MANNER OF DEATH

Natural Pending Investigation

Accident Could not be Determined

Suicide Homicide

34a. DATE OF INJURY (Month, Day, Year)

34b. TIME OF INJURY

34c. INJURY AT WORK? (Yes or no)

34d. DESCRIBE HOW INJURY OCCURRED

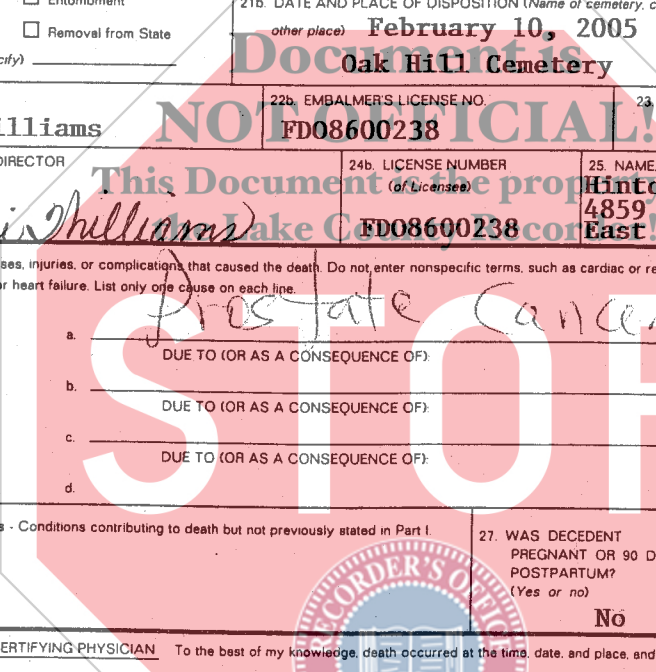
34a. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)

34f. LOCATION (Street and Number or Rural Route Number, City or Town, State)

34g. DATE PRONOUNCED DEAD (Month, Day, Year) **IV RA-20 (7/05)**

34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.

24-30 604-13
24-30 346



FILED
MAY 17 2007
PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

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