

\* 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. #06-566

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) Ruby Mae Bassett		2. SEX Female		3a. TIME OF DEATH 3:27 P M		3b. DATE OF DEATH (Month, Day, Yr) October 20, 2006	
4. *SOCIAL SECURITY NUMBER 316-22-8360		5a. AGE—Last Birthday (Years) 79		5b. UNDER 1 YEAR Months Days		5c. UNDER 1 DAY Hours Minutes	
6. DATE OF BIRTH (Mo, Day, Yr) March 31, 1927		7. BIRTHPLACE (City and State or Foreign Country) Gary, 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: <input type="checkbox"/> Inpatient <input checked="" type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER: <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence			
9b. FACILITY NAME (If not institution, give street and number) Methodist Hospital Northlake				9c. CITY, TOWN, OR LOCATION OF DEATH Gary		9d. COUNTY OF DEATH Lake	
10. MARITAL STATUS Married		11. SURVIVING SPOUSE (If wife, give maiden name) Leonard Bassett Sr.		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Food Service		12b. KIND OF BUSINESS/INDUSTRY Gary Community School	
13a. RESIDENCE—STATE Indiana		13b. COUNTY Lake		13c. CITY, TOWN, OR LOCATION Gary		13d. STREET AND NUMBER 2343 Lincoln Street	
13e. ZIP CODE 46407		13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" 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) 12th		17. DECEDENT'S EDUCATION (Specify only highest grade completed) College (1-4 or 5 +)			
18. FATHER'S NAME (First, Middle, Last) Vasco Billberry				19. MOTHER'S NAME (First, Middle, Maiden Surname) Edna Holman			
20a. INFORMANT'S NAME (Type/Print) Leonard Bassett Sr.				20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2343 Lincoln Street Gary, Indiana 46407		20c. Relationship Husband	
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) October 28, 2006 Oak Hill Cemetery		21c. LOCATION (City or Town, State) Gary, Indiana			
22a. EMBALMER'S NAME ReShanta Nichols		22b. EMBALMER'S LICENSE NO. #20600079		23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
24a. SIGNATURE OF FUNERAL DIRECTOR <i>ReShanta Nichols</i>		24b. LICENSE NUMBER (of Licensee) #20600079		25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Guy & Allen Funeral Directors, Inc 2959 West 11th Avenue Gary, Indiana 46404 83007704			
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. <i>Acute Myocardial Infarction</i> b. <i>Chronic coronary artery disease</i> c. <i>Arteriosclerotic cerebrovascular disease</i> d. <i>Hypertension</i> PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I <i>Hypertension</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)			
29a. CERTIFIER (Check only one) <input checked="" 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>Tim</i>				29c. MEDICAL LICENSE NO. 1125043		29d. DATE SIGNED (Month, Day, Year) 10/26/06	
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) <i>R. R. ... 8300 Broadway</i>							
31. HEALTH OFFICER'S SIGNATURE <i>R. R. ...</i>							
32. DATE FILED (Month, Day, Year) OCT 30 2006							
33. MANNER OF DEATH <input checked="" 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 007082		34e. PLACE OF INJURY—At home, farm, street, factory, building, etc. (Specify)		34f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 007082			
34g. DATE PRONOUNCED DEAD (Month, Day, Year)		34h. MOTOR VEHICLE ACCIDENT (If yes, specify driver, passenger, pedestrian, etc.)					

FILED MAY 30 2007 PEGGY HOLINGA KATONA LAKE COUNTY AUDITOR

DDM 11:00 1990

Parcel # 25-43-223-38

STATE OF INDIANA DEPARTMENT OF HEALTH RECORDS SECTION