

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. 07 0315

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) Eddie Lee Plump | | | | 2. SEX Male | 3a. TIME OF DEATH 6:20A. M | 3b. DATE OF DEATH (Month, Day, Yr.) June 6, 2007 | |
| 4. *SOCIAL SECURITY NUMBER 345-48-5485 | | 5a. AGE—Last Birthday (Years) 53 | 5b. UNDER 1 YEAR Months Days | 5c. UNDER 1 DAY Hours Minutes | 6. DATE OF BIRTH (Mo, Day, Yr) June 6, 1954 | 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? 1975 | 9a. PLACE OF DEATH (Check only one. See instructions.) HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER: <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input checked="" type="checkbox"/> Residence | | | | | |
| 9b. FACILITY NAME (If not institution, give street and number) 2376 Pennsylvania | | | 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) Beverly Hines | 12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Truck Driver | | 12b. KIND OF BUSINESS/INDUSTRY Construction Services, Inc | | | |
| 13a. RESIDENCE—STATE Indiana | | 13b. COUNTY Lake | 13c. CITY, TOWN, OR LOCATION Gary | | 13d. STREET AND NUMBER 2376 Pennsylvania | | |
| 13e. ZIP CODE 46407 | 13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes 13g. ON A FARM? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | 14. CITIZEN OF WHAT COUNTRY? USA | 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 (9-12) 12th College (3-4 or 5+) _____ | |
| 18. FATHER'S NAME (First, Middle, Last) James Wash Plump | | | 19. MOTHER'S NAME (First, Middle, Maiden Surname) Ernie Whitley | | | | |
| 20a. INFORMANT'S NAME (Type/Print) Beverly Plump | | | 20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2376 Pennsylvania St. Gary, Indiana 46407 | | 20c. Relationship Wife | | |
| 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) June 12, 2007 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? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | | | |
| 24a. SIGNATURE OF FUNERAL DIRECTOR <i>Tracy Cheri Williams</i> | | 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 | | | |
| 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) Vascular collapse | | | | | | Unknown | |
| a. DUE TO (OR AS A CONSEQUENCE OF): Due to arteriosclerotic heart and vascular disease | | | | | | | |
| b. DUE TO (OR AS A CONSEQUENCE OF): | | | | | | | |
| c. DUE TO (OR AS A CONSEQUENCE OF): | | | | | | | |
| d. DUE TO (OR AS A CONSEQUENCE OF): | | | | | | | |
| 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) | | | |
| 29a. CERTIFIER (Check only one) <input 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. | | 29b. SIGNATURE AND TITLE OF CERTIFIER <i>[Signature]</i> Chief Deputy 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. | | | | | |
| 29c. MEDICAL LICENSE NO. N/A | | 29d. DATE SIGNED (Month, Day, Year) June 6, 2007 | | | | | |
| 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Jeffrey R. Wells, Chief Deputy, 2900 West 93rd Avenue, Crown Point, Indiana 46307 | | | | | | | |
| 31. HEALTH OFFICER'S SIGNATURE <i>[Signature]</i> | | | | | 32. DATE FILED (Month, Day, Year) JUN 08 2007 | | |
| 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. HOW INJURY OCCURRED FILED 008489 | | |
| 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) JUN 27 2007 | | | | | |
| 34e. DATE PRONOUNCED DEAD (Month, Day, Year) June 6, 2007 | | 34h. MOTOR VEHICLE ACCIDENT? (Yes or no) NO PEGGY HOLINGA KATONA LAKE COUNTY AUDITOR | | | | | |

2007 JUN 08 11:55 AM REC'D DEPT OF HEALTH



Oak Park Add lot 20 Block 8 25-46-0136-0020

FOODS

11-05-20