

Rundells 5th Add kot 28 Block 1 and lots 25+26 Block 1
25-46-0474-0027 25-46-0474-0025

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No.

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

Local No. 1176-03

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

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

PARENTS

INFORMANT

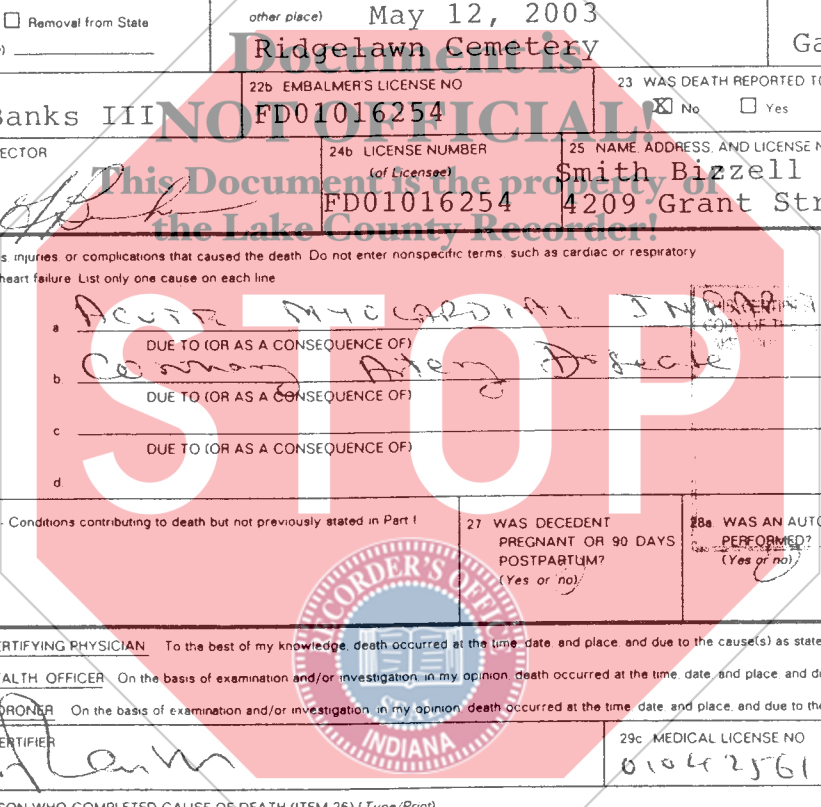
DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

1 DECEASED—NAME (First Middle Last) John Conners, Sr.		2 SEX Male		3a TIME OF DEATH 3:05 A.M.		3b DATE OF DEATH (Month Day Yr) May 7, 2003	
4 *SOCIAL SECURITY NUMBER 430-38-7207		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) Jan. 29, 1929		7 BIRTHPLACE (City and State or Foreign Country) Joliet, Illinois					
8a WAS DECEDENT A U.S. VETERAN? Yes		8b YEAR LAST SERVED IN U.S. ARMED FORCES? 1952		9a PLACE OF DEATH (Check only one. See instructions) HOSPITAL <input checked="" type="checkbox"/> Inpatient <input 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) The Community Hospital				9c CITY, TOWN OR LOCATION OF DEATH Munster		9d COUNTY OF DEATH Lake	
10 MARITAL STATUS (Specify) Married		11 SURVIVING SPOUSE (If wife, give maiden name) Evelyn Bailey		12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Mechanic		12b KIND OF BUSINESS/INDUSTRY Inland Steel	
13a RESIDENCE—STATE Indiana		13b COUNTY Lake		13c CITY, TOWN OR LOCATION Gary		13d STREET AND NUMBER 1586 Taney Street	
13e ZIP CODE 46402		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 highest grade completed) Elementary/Second (10-12) 12 College (1-4 or 5+) 12					
18 FATHER'S NAME (First, Middle, Last) Monroe Conners				19 MOTHER'S NAME (First, Middle, Maiden Surname) Mary Ella Peyton			
20a INFORMANT'S NAME (Type/Print) Evelyn Conners				20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 1586 Taney Street, Gary, IN 46402		20c Relationship Wife	
21a METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <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) May 12, 2003 Ridgelawn Cemetery			21c LOCATION—City or Town, State Gary, Indiana		
22a EMBALMER'S NAME Sherman G. Banks III		22b EMBALMER'S LICENSE NO. FD01016254		23 WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
24a SIGNATURE OF FUNERAL DIRECTOR <i>[Signature]</i>		24b LICENSE NUMBER (of licensee) FD01016254		25 NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Smith, Bizzell & Warner F.H. 4209 Grant Street, Gary, IN 46408 PH1960003			
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 ACUTE MYOCARDIAL INFARCTION DUE TO (OR AS A CONSEQUENCE OF) b Coronary Artery Disease 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)		28a WAS AN AUTOPSY PERFORMED? (Yes or 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. <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>[Signature]</i>				29c MEDICAL LICENSE NO. 01042561		29d DATE SIGNED (Month, Day, Year) May 8, 2003	
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) KRISHNAKANT RAIKER M.D. 9038 COLUMBIA AVENUE MUNSTER INDIANA 46321							
31 HEALTH OFFICER'S SIGNATURE <i>[Signature]</i>				FILED		32 DATE FILED (Month, Day, Year) June 8, 2004	
33 MANNER OF DEATH <input 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) DEC 12 2007	
34d DESCRIBE HOW INJURY OCCURRED 024367		34e PLACE OF INJURY—At home, farm, street, factory or building, etc. (Specify) PEGGY HOLINGA KATONA LAKE COUNTY AUDITOR				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.			



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