

* 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. 707-671

25-47-0315 0032

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) Albert Murphy Sr				2. SEX Male	3a. TIME OF DEATH 6:28 p M	3b. DATE OF DEATH (Month, Day, Year) December 13, 2007	
4. SOCIAL SECURITY NUMBER 427-50-1228		5a. AGE - Last Birthday (Years) 77	5b. UNDER 1 YEAR Months Days	5c. UNDER 1 DAY Hours Minutes	6. DATE OF BIRTH (Mo, Day, Yr) August 18, 1930	7. BIRTHPLACE (City and State or Foreign Country) Lorman, Mississippi	
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
10. MARITAL STATUS Married		11. SURVIVING SPOUSE (If wife, give maiden name) Lucy M. Hodge		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Lab Technician		12b. KIND OF BUSINESS/INDUSTRY Lehigh Cement Company	
13a. RESIDENCE - STATE Indiana		13b. COUNTY Lake	13c. CITY, TOWN, OR LOCATION Gary		13d. STREET AND NUMBER 1577 Arthur Street		
13e. ZIP CODE 46404	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) <input checked="" type="checkbox"/> 12th College (1-4 or 5+) <input type="checkbox"/>	
18. FATHER'S NAME (First, Middle, Last) Ernest Murphy				19. MOTHER'S NAME (First, Middle, Maiden Surname) Willie M. Tolliver			
20a. INFORMANT'S NAME (Type/Print) Lucy M. Murphy			20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, ZIP Code) 1577 Arthur Street Gary, Indiana 46404		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) Evergreen Memorial Park December 20, 2007			21c. LOCATION - City or Town, State Hobart, Indiana		
22a. EMBALMER'S NAME: Rosenwald D. Allen Jr.			22b. EMBALMER'S LICENSE NO. #29400047		23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
24a. SIGNATURE OF FUNERAL DIRECTOR		24b. LICENSE NUMBER (of Licensee) #20500009		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) Pulmonary Embolism 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. DUE TO (OR AS A CONSEQUENCE OF): Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last							
PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I. Adenocarcinoma of colon Hypertension; Renal Insufficiency Colon polyps, Hypokalemia				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) <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 Bernadette Aghaji M.D.				29c. MEDICAL LICENSE NO. 31025	29d. DATE SIGNED (Month, Day, Year) 12/20/07		
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Dr. Bernadette Aghaji M.D. 569 Tyler Street Gary, Indiana 46402							
31. HEALTH OFFICER'S SIGNATURE Rosenwald D. Allen Jr.							
33. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Could Not Be Determined <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide		34a. DATE OF INJURY (Month, Day, Year)	34b. TIME OF INJURY	34c. INJURY AT WORK? (Yes or No) NO	34d. DESCRIBE HOW INJURY OCCURRED 024769 DEC 28 2007		
34e. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)			34f. LOCATION (Street or Rural Route Number, City or Town, State) PEGGY HOLINGA KATONA LAKE COUNTY AUDITOR				
34g. DATE PRONOUNCED DEAD (Month, Day, Year)			34h. MOTOR VEHICLE ACCIDENT? (Yes or No) If yes, specify driver, passenger, pedestrian, etc.				