

154618

INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

City of East Chicago
East Chicago, In 46312



Local No. 000057

State No. _____

1. Decedent's Legal Name (First, Middle, Last) James W. Evans		1a. Maiden Last Name (If Female) N/A		2. Sex Male		3. Time Of Death 3:20 P.M.		4. Date Of Death (Month/Day/Year) February 24, 2008																
5. Social Security Number 418-48-2723		6a. Age - Yrs 70		6b. Under 1 Year Months		6c. Under 1 Month Days		6d. Under 1 Day Hours		6e. Under 1 Hour Minutes		7. Date Of Birth (Month/Day/Year) July 30, 1937		8. Birthplace (City And State Or Foreign Country) Alabama										
9. Ever In U.S. Armed Forces? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>		10. If Death Occurred In A Hospital: <input type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Department Outpatient <input type="checkbox"/> Dead On Arrival				10a. If Death Occurred Somewhere Other Than A Hospital: <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Nursing Home/Long-Term Care Facility <input type="checkbox"/> Other (Specify)																		
11. Facility Name (If Not Institution, Give Street And Number): St. Catherine Hospital										12. City, Or Town, State, And Zip Code East Chicago, Indiana 46312					13. County Of Death Lake					14. Marital Status At Time Of Death <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married But Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown				
15. Surviving Spouse's Name Shirley Evans				15a. (If Wife) Give Maiden Last Name Walker				16. Decedent's Usual Occupation Police Officer				17. Kind of Business/Industry East Chicago Police Dept.												
18. Residence - State Indiana				18a. County Lake				18b. City Or Town East Chicago				18c. Apt. No. N/A		18e. Zip Code 46312		18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No								
18c. Street And Number 4026 Butternut Street				19. Decedent's Education 12th grade				20. Decedent Of Hispanic Origin No				21. Decedent's Race Black												
22. Father's Name (First, Middle, Last) James W. Evans Sr.				23. Mother's Name (First, Middle, Last) Annie Mae Evans				23a. Mother's Maiden Last Name Bankhead																
24. Informant's Name Shirley Evans				24a. Relationship To Decedent Wife				24b. Mailing Address (Street And Number, City, State, Zip Code) 4026 Butternut St., East Chicago, Indiana 46312				25. Place Of Disposition Kelly-Carroll Cremation Service, Gary, Indiana												
25a. Method Of Disposition <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal From State <input type="checkbox"/> Other (Specify)		25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place)				25c. Location - City, Town, And State				26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility Divinity Funeral Home & Cremation Service 3831 Main St. E.C. Indiana 46312				27a. Funeral Home License Number FH10700039								
27b. Signature Of Indiana Funeral Service Licensee: <i>Jarrod Smith, Jr.</i>				27c. License Number (Of Licensee) FD01019692																				
28. Part I. Enter The Chain Of Events—Diseases, Injuries, Or Complications—That Directly Caused The Death. Do Not Enter Terminal Events Such As Cardiac Arrest, Respiratory Arrest, Or Ventricular Fibrillation Without Showing The Etiology. Do Not Abbreviate. Enter Only One Cause On A Line. Add Additional Lines If Necessary. Immediate Cause (Final Disease Or Condition Resulting In Death) A. <i>Myocardial infarction</i> B. <i>MI</i> C. <i>MI</i> D. <i>MI</i> Sequentially List Conditions, If Any, Leading To The Cause Listed On Line A. Enter The Underlying Cause (Disease Or Injury That Initiated The Events Resulting In Death) Last										Approximate Interval: Onset To Death														
Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I.										29. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		30. Were Autopsy Findings Available To Complete The Cause Of Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No												
31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		32. If Female: <input type="checkbox"/> Not Pregnant Within Past Year <input type="checkbox"/> Pregnant At Time Of Death <input type="checkbox"/> Not Pregnant But Pregnant Within 42 Days Of Death <input type="checkbox"/> Not Pregnant But Pregnant 43 Days To 1 Year Before Death <input type="checkbox"/> Unknown If Pregnant Within The Past Year				33. Manner Of Death: <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could Not Be Determined																		
34. Date Of Injury (Month/Day/Year)		35. Time Of Injury		36. Place Of Injury (E.G., Decedent's Home, Construction Site, Restaurant, Wooded Area)				37. Injury At Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																
38. Location Of Injury - State		38a. City Or Town		38b. Street & Number		38c. Apt. No.		38d. Zip Code																
39. Describe How Injury Occurred						40. If Transportation Injury, Specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)		41. Signature Of Person Certifying Cause Of Death <i>Dr. S. Sonoponp</i>		42. Certifier (Check Only One): <input type="checkbox"/> Certifying Physician <input checked="" type="checkbox"/> Coroner <input type="checkbox"/> Health Officer														
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: Dr. S. Sonoponp 505 W. Lincoln Highway						44. License Number 4843		45. Date Certified MAR 03 2008		46. Additional Funeral Service Provider:		47. *Akas:												
48. Signature Of Local Health Officer: <i>Anna Bernice Robinson MD</i>						49. For Registrar Only - Date Filed (Month/Day/Year): 2/28/08																		



FILED
MAR 03 2008
LAKE COUNTY AUDITOR