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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

Local No. 98-0194 CERTIFICATE OF DEATH State No.

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) Lucille Anderson		2. SEX Female		3a. TIME OF DEATH 1:00 A M		3b. DATE OF DEATH (Month, Day, Yr.) March 10, 1998	
4. SOCIAL SECURITY NUMBER 316-50-8488		5a. AGE-Last Birthday (Years) 67		5b. UNDER 1 YEAR Months Days		5c. UNDER 1 DAY Hours Minutes	
6. DATE OF BIRTH (Mo, Day, Yr) June 27, 1930		7. BIRTHPLACE (City and State or Foreign Country) Itta Bena, Mississippi					
8a. WAS DECEDENT A U.S. VETERAN? No		8b. YEAR LAST SERVED IN U.S. ARMED FORCES?		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"/> Residence <input type="checkbox"/> Other (Specify)			
9b. FACILITY NAME (If not institution, give street and number) Gary Methodist Northlake			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) James Anderson		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Stamper		12b. KIND OF BUSINESS/INDUSTRY USX Steel	
13a. RESIDENCE-STATE Indiana		13b. COUNTY Lake		13c. CITY, TOWN, OR LOCATION Gary		13d. STREET AND NUMBER 405 Connecticut 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.) Afro-American	
16. RACE-American Indian, Black, White, etc. (Specify)		17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 9		College (1-4 or 5+)			
18. FATHER'S NAME (First, Middle, Last) LeAnder Grace				19. MOTHER'S NAME (First, Middle, Maiden Surname) Lizzie Walker			
20a. INFORMANT'S NAME (Type/Print) Walter Anderson		20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State; Zip Code) 6531 East 3rd Ave. Gary, Indiana 46403			20c. Relationship Son		
21a. METHOD OF DISPOSITION <input type="checkbox"/> Entombment <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) March 16, 1998 Evergreen Memorial Park			21c. LOCATION-City or Town, State Hobart, Indiana		
22a. EMBALMER'S NAME Sherman Banks III		22b. EMBALMER'S LICENSE NO. FDO 1016254		23. WAS DEATH REPORTED TO CORONER? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes			
24a. SIGNATURE OF FUNERAL DIRECTOR <i>Sherman Banks III</i>		24b. LICENSE NUMBER (of Licensee) FDO 1016254		25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Smith Bizzell & Warner Funeral Home, FH19600034 4209 Grant St, Gary, IN, 46408			
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) Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last		a. <u>Vascular collapse</u> DUE TO (OR AS A CONSEQUENCE OF): b. <u>Due to arteriosclerotic heart and vascular disease</u> DUE TO (OR AS A CONSEQUENCE OF): c. _____ DUE TO (OR AS A CONSEQUENCE OF): d. _____					Approximate interval Between Onset and Death Unknown
PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I.		27. WAS DECEDENT PREGNANT OR 90 DAYS (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 checked="" 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>Lucille Anderson</i> Deputy		29c. MEDICAL LICENSE NO. N/A		29d. DATE SIGNED (Month, Day, Year) March 17, 1998	
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Donna Melyon, Deputy Coroner, 2293 North Main Street, Crown Point, Indiana 46307		31. HEALTH OFFICER'S SIGNATURE <i>Donna Melyon M.D. M.P.H.</i>		32. DATE FILED (Month, Day, Year) MAR 19 1998			
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 11 th CS RM		34e. PLACE OF INJURY-At home, farm, street, factory, office building, etc (Specify)		34f. LOCATION (Street and Number or Rural Route Number, City, State, Zip Code) 3758			
34g. DATE PRONOUNCED DEAD (Month, Day, Year) March 10, 1998		34h. MOTOR VEHICLE ACCIDENT (Yes or no) If yes specify driver, passenger, pedestrian, etc. No					



Parcel 25-44-0171-0007