## INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Local I	No	90 VI	<u></u>	1a, Maiden Last Na	me (If Female)	2. Sex		of Death	4. Date Of 1	Death (Month/Day/Year)
Decedent's Legal Name (First, M)     Currie	liddle, Last)	Sam	pson	N/A		Male	0.03	B PM	Anni	1 2 2000
•	ı. Age – Yrs	6b. Under 1 Year	•			ate Of Birth (Month/D				1 3, 2008
243-26-4479	81	Months	Days	Hours	76	-ho= 25 1	926	Clinton,	North (	arolina
9. Ever in U.S. Armed Forces?		th Occurred in A Ho		110013	10a. If Death Occurred Somewhe	ober 25, 1		, , , , , , , , , , , , , , , , , , , ,		al OTTIII
Yes XXX Unknown			Department Oulpatient	☐ Dead On Arrival	☐ Hospice Facility ☐ Deceden			erm Care Facility	Other (Spe-	cify)
11. Facility Name (If Not Institution										
Methodist	Hospit	al Nort	h1ake						~ `	
12. City Or Town, State, And Zip C	Code				13. County Of Death		İ	14. Marital Statu		
Gary, Indiana 46402					Lake					
15. Surviving Spouse's Name		15a. (If Wife)Give Maiden Last Name		16. Decedent's Usual Occupation			17. Kind Of Business Andustry Gary Community			
Ernestine Sampson		Armwood		Custodian			School Corp.			
		8a. County		18b. City Or Town		SCHOOL Comp.				
Indiana			Lake		Gary					
18c. Street And Number						18d.	Apt. No.	18e. Zip	Code	18f. Inside City Limi
1531 Walla	ce Str	eet 🏒						464	04 ت	XX Yes ☐ No
19. Decedent's Education			20. Decedent Of His	spanic Origin	21. Decedent's	Race			င္	
12th Grade		N/A		Black						
22. Father's Name (First, Middle, L		MANAGEMENT TO	11/11		23. Mother's Name (First, Middle			23a	Mother's Maid	
Frank	Sampso	n			Annie Sa	mpson			(	Currie
24 Informant's Name			24a. Relationsh	nip To Decedent	24b Mailing Address (Street An	d Number, City, Stat	e, Zip Code)			10/24W7WF-77
Cheryl Ram	ısev		Daughte	erT	1531 Wallace	Street	Gary,	Indian	a 462	)4
					Place Of Disposition	cation - City, Town,				,
25a. Method Of Disposition.	ustion [7] Entomi	1 .	17 0 00	200						
Removal From State	ation 🔲 Entorni	Ev	ergreen (	Cemetery	FFICI	obart,In	diana	17	1	
Other (Specify)									i Co	
26. Was Coroner Contacted?	C27.1	yam & And Complete	e Address Of Funeral Fa	cility i rector	et isithe pro	nerty (	of	15 1.7 2.66	: 27a. Fung	ral Home License Numb
	Guy	yam&AndAcomplete	Address Afgrand	P"Director	s,iIncle pro	perty o	of	\ 8	1	
26. Was Coroner Contacted?	295	59 West	Addrifferati 11th Aver	P <sup>iii</sup> Director nue Gary,	s, Incle pro Indiana 46404	rder!		Of Licensee)	830	OO7704
26. Was Coroner Contacted?	295	59 West	Addriniera 11th Aver	Director que Gary,	s, Incle pro Indiana 46404	rder!		Of Licensee)	830	007704
26. Was Coroner Contacted?	295	59 West	11th Aver	nue Gary,	Indiana 46404	rder!	ense Number (		836	007704
26. Was Coroner Contacted?  Yes EXIo  27b Signature Of Indiana Funeral  28. Part I. Enter The Chain	295	59 West	11th Aver	ause Of Death (Se	Indiana 46404  ee instructions And Examed The Death, Do Not Enter 1	rder! 27c. Lic # nples) Terminal Events	ense Number (		836	007704
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