

* 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. 04 0746

CERTIFICATE OF DEATH

State No. 45-08-08-281-020-000-004

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-37-1-10

TYPE/PRINT IN PERMANENT BLACK INK

Form with fields for DECEASED NAME (David Harris), SEX (Male), TIME OF DEATH (8:40 P), DATE OF DEATH (December 8, 2004), SOCIAL SECURITY NUMBER (322-34-9955), AGE (67), DATE OF BIRTH (October 29, 1937), BIRTHPLACE (Natchez, Mississippi), FACILITY NAME (Methodist Hospital Northlake), CITY/TOWN/LOCATION OF DEATH (Gary), COUNTY OF DEATH (Lake), MARITAL STATUS (Married), SURVIVING SPOUSE (Dorothy Brown), DECEDENT'S USUAL OCCUPATION (Foreman), KIND OF BUSINESS/INDUSTRY (Bethlehem Steel Corp.), RESIDENCE-STATE (Indiana), COUNTY (Lake), CITY/TOWN/LOCATION (Gary), STREET AND NUMBER (1645 West 12th Avenue), ZIP CODE (46404), CITIZEN OF WHAT COUNTRY (USA), RACE (Black), DECEDENT'S EDUCATION (12th), FATHER'S NAME (Willie Harris), MOTHER'S NAME (Mary Earl), INFORMANT'S NAME (Dorothy Harris), MAILING ADDRESS (1645 West 12th Avenue Gary, Indiana 46404), RELATIONSHIP (Wife), METHOD OF DISPOSITION (Burial), DATE AND PLACE OF DISPOSITION (December 15, 2004, Evergreen Cemetery), LOCATION (Hobart, Indiana), EMBALMER'S NAME (Rosenwald D. Allen Jr.), EMBALMER'S LICENSE NO. (#29400047), WAS DEATH REPORTED TO CORONER? (Yes), SIGNATURE OF FUNERAL DIRECTOR, LICENSE NUMBER OF FUNERAL HOME (#08700298), NAME ADDRESS AND LICENSE NUMBER OF FUNERAL HOME (Gay & Allen Funeral Directors, Inc 83007704, 2959 West 11th Avenue Gary, Indiana 46404), IMMEDIATE CAUSE OF DEATH (Carcinoma of the Pancreas), PART II: Other significant conditions, CERTIFIER (Certifying Physician), SIGNATURE AND TITLE OF CERTIFIER (T. Wislwan), MEDICAL LICENSE NO. (01057092A), DATE SIGNED (12/29/04), NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (T. Wislwan 1217 US Hwy 41 Schenerville IN 46375), HEALTH OFFICER'S SIGNATURE, MANNER OF DEATH (Natural), DATE OF INJURY, TIME OF INJURY, INJURY AT WORK?, PLACE OF INJURY, DATE PRONOUNCED DEAD, MOTOR VEHICLE ACCIDENT? (No), DATE FILED (JAN 14 2005), FILED (AUG 25 2008), PEGGY HOLINGA KATONA LAKE COUNTY AUDITOR.

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER