* 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		CERTIFICAT			State N		• • • • • • • • • • • • • • • • • • • •	
		ERIES ARE CONFIDENTIAL F	PER IC 16-37-1-10	45-0	8.08.	061-00			
TYPE/PRINT IN	Deceased—Name (First Middle Lest) David Harris		1	2 SEX 3a TIME OF Male 8:40		December 8, 2004			
PERMANENT	4. *SOCIAL SECURITY NUMBER	Se. AGE—Last Birthday (Years)	56. UNDER 1 YEAR	5c. UNDER 1 DAY		I M		r and State or Foreign Country)	
BLACK INK	322-34-9955	322-34-9955 67		Months Days Hours Minutes OC		tober 29,1937 Natchez, Mississippi			
	8a. WAS DECEDENT A U.S. VETERAN? 8b. YEAR LAST SERVED U.S. ARMED FORCES:		HOSPITAL: Inpetient		9a. PLACE OF DEATH (Check only one		. See instructions.)		
	YES 1957		☐ ER/Outpatient ☐ DOA		OTHER	OTHER: Nursing Home Residence		Other (Specify)	
DECEDENT	9b. FACILITY NAME (If not institu Methodi	tion, give street and number) St Hospital No	rthlake	Gary	OR LOCATION OF DEATH y Lake				
	10 MARITAL STATUS (Specify) Married	11. SURVIVING SPOUSE (If wife, give maiden name) Dorothy Brow	s, give maiden name)		12a. DECEDENT'S USUAL OCCUPATION done during most of working life. Do not Foreman		12b. KIND OF BUS	ness/industry Steel Corp.	
	130. RESIDENCE—STATE	13b. COUNTY	13c. CITY, TOWN, OR L		1	13d. STREET AND NUMB			
	Indiana	Lake	Gary			1645 West	t 12th Avenue		
	13e. ZIP CODE 13f. INSIDE CIT		15. WAS DECEDENT O				17. DECEDENT'S EDUCATION (Specify only-highest grade completed)		
	46404 13g. ON A FAR	USA	Mexican, Puerto Rio			cify) El	Elementary/Secondary 40-12) College (1-4 or 5 +)		
D. 1. D. 1. T. 0	18. FATHER'S NAME (First, Middle	Yes		1 10 110		lack	12th		
PARENTS	18. FATHER'S NAME (First, Middle, Last) Willie Harris Mary Earl								
INFORMANT	PRMANT 20s. INFORMANT'S NAME (Type/Print) . 20s. MAILING ADDRESS (Street and Number or Rural Route Number.							20c. Relationship	
	Dorothy Harri		1645 We	est 12th A	venue (Gary, India	ına 46404	, Wife	
xx	21a. METHOD OF DISPOSITION X D Burial Cremation	☐ Removal from State	21b. DATE AND PLACE OF DISPOSITION (Name of comete. other place) December 15, 200			ery, crematory, or 21c. LOCATION—City & Town, S		Town, State	
ĺ	☐ Donation ☐ Other (Special	Evergreen Cemet					Indiana		
DISPOSITION	22a EMBALMER'S NAME	ICENSE NO.	ENSE NO. 23. WAS DEATH REPOR						
	Rosenwald D. Allen Jr. #29400047								
1	245 SIGNATURE OF FUNERAL DIRECTOR 246 LICENSE NUMBER 25. NAME ADDRESS. AND LICENSE NUMBER OF FUNERAL HOME (of Licensee) 25. NAME ADDRESS. AND LICENSE NUMBER OF FUNERAL HOME (of Licensee) 26. NAME ADDRESS. AND LICENSE NUMBER OF FUNERAL HOME (of Licensee)								
4	#08700298 2959 West 11th Avenue Gary, Indiana 46404								
	26. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter nonspecific terms, such as cardiac or respiratory Approximate								
	IMMEDIATE CAUSE (Final	Co		ruosI			~	Interval Between Onset and Death	
į,	disease or condition resulting in death)	DUE TO (C	R AS A CONSEQUENCE	OE					
EATH	Conditions, if any, which gave	b. DUE TO (C					 .		
10	rise to the immediate cause, stating the underlying	c Ca				ncreas			
	cause lest	d.	OR AS A CONSEQUENCE	OF):					
ļ.	PART II. Other significant conditions		of activities by stated in R						
		on the day of the day of	at Not previously stated in P	PREGN	ANT OR 90 DA			RE AUTOPSY FINDINGS AILABLE PRIOR TO	
			TITLE OF THE PARTY	(Yes or	r no)	(Yes or no)		MPLETION OF CAUSE DEATH? (Yes or no)	
-	29a. CERTIFIER CE	RTIEVING PHYSICIANI To the be	ALCO DE	R'S O					
	29a. CERTIFIER (Check only one) CERTIFIER OFFICER On the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated.								
	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.								
ERTIFIER 2	96. SIGNATURE AND TITLE OF CE		E A.SE	Al sage		MEDICAL LICENSE NO.		E SIGNED (Month, Day, Year)	
30	O. NAME AND ADDRESS OF PERS	ON WHO COMPLETED CAUSE O	F DEATH (ITEM 26) (Type	/Print)		31011	• / /	1	
<u> </u>	1 VIOLUMN (2) VS Hum 41 Schenwille In46.775								
ALTH 3'	32 DATE FILED (Month						FILED (Month. Day, Year)		
· -	3 MANNER OF DEATH	34a. DATE OF INJURY	34b TIME OF	34c. INJURY AT W	OPK2		AAL JAN	V 1 4 2005	
ļ	175 7	(Month. Day. Year)		(Yes or no)	Onk!	40. PESTERBE HE LIJU	CURRED	\$11	
i								C C	
	Suicide Could not be 34e PLACE OF INJURY -			ctory, office	34f LOCA	4F LOCATION TO NUMBER Paral Route Number. City or Wing State)			
1	Determined Homicide				PEGGY HOLINGA KATOW				
34	DATE PRONOUNCED DEAD (M	lonth, Day, Year) 34h MOTOR	4h MOTOR VEHICLE ACCIDENT? (Yes or no) If yes si		- LAKE COUNTY AUDITOR				
							PITOR		

SDH06-004 State Form 10110 (R5/1-99)