

STATE OF MISSISSIPPI

MISSISSIPPI STATE DEPARTMENT OF HEALTH VITAL RECORDS

2008 060437

Key# 45-07-12-478-028-000-004
2008 APR 23

CERTIFICATE OF DEATH

STATE FILE NUMBER 123-08-008106

TYPE OR PRINT WITH BLACK INK

FILING DATE APR 21 2008

DECEASED	1. NAME First Middle Last ESTELLA WATKINS FEMALE			2. SEX FEMALE	3a. HOUR OF DEATH 06:40A^m	3b. DATE OF DEATH (Month, Day, Year) APRIL 03, 2008
	4. RACE (Specify White, Black, American Indian, etc.) BLACK	5a. AGE AT LAST BIRTHDAY 73 Years	5b. MOS 5c. DAYS 5d. HOURS 5e. MINS		6. DATE OF BIRTH (Month, Day, Year) JULY 5, 1934	7a. COUNTY OF DEATH DESOTO
	7b. CITY OR TOWN OF DEATH SOUTHAVEN	7c. HOSPITAL OR OTHER INSTITUTION-NAME AND NUMBER (If not in either, give street address, route number or other location) BAPTIST HOSPITAL-DESOTO 17B			7d. IF IN HOSP. OR INST. SPECIFY INPT, OUTPT, EMER. RM, OR DOA INPT	8. STATE OF BIRTH INDIANA
	9. DECEDENT'S EDUCATION (Specify only highest grade completed) Elem/High School, College (0-12) (1-4, 5+) 4	10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	11. SURVIVING SPOUSE (If wife, give maiden name) SAMUEL LEE WATKINS	12. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or No) NO		
13. ORIGIN OR DESCENT (Specify Cuban, Afro-American, Mexican, etc.) AMERICAN		14. SOCIAL SECURITY NUMBER 306-36-8541	15a. USUAL OCCUPATION (Kind of work done most of working life) ADMINISTRATOR	15b. KIND OF BUSINESS OR INDUSTRY WEST SIDE REHABILITATION		
16a. RESIDENCE—STATE INDIANA	16b. COUNTY LAKE	16c. CITY OR TOWN GARY	16d. INSIDE CITY LIMITS (Specify Yes or No) YES	16e. STREET AND NUMBER OR RURAL LOCATION 4624 WEST 20TH COURT		
17. FATHER—NAME First Middle Last CHARLES PROTHO			18. MOTHER—NAME First Middle Maiden ESTELLA SMITH			
INFORMANT	19a. INFORMANT—NAME (Type or print) SABRINA WATKINS-BOLDEN			19b. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) 7490 WALLINGFORD DRIVE, OLIVE BRANCH, MISSISSIPPI 38654		
DISPOSITION	20a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	20b. CEMETERY, CREMATORY—NAME EVERGREEN CEMETERY	20c. LOCATION (City and State) HOBART, INDIANA	21a. EMBALMER—SIGNATURE AND NUMBER <i>J. M. Kell</i> FS-887		
	21b. FUNERAL HOME—NAME AND MISSISSIPPI I.D. NUMBER GUY AND ALLEN FUNERAL HOME		21c. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) 2959 WEST 11TH AVENUE, GARY, INDIANA 46404			
PRONOUNCEMENT	22a. PERSON WHO PRONOUNCED DEATH—NAME AND TITLE (Type or print) SANJAY RATNAKAR, MD		22b. PRONOUNCED DEAD (Month, Day, Year) APRIL 03, 2008	22c. PRONOUNCED DEAD (Hour) AT 06:40A^m		
CERTIFIER	23a. CERTIFIER—NAME (Type or print) JEFFERY POUNDERS, CMEI			23b. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) 4942 POUNDERS RD, NESBIT, MS 38651		
	24a. To the best of my knowledge, death occurred due to the cause(s) and manner as stated. SIGNATURE <i>Jeffery P. Ponder</i> MD		24e. On the basis of examination and/or investigation, in my opinion, death occurred due to the cause(s) and manner as stated. SIGNATURE <i>Jeffery P. Ponder</i>		24f. TITLE DESOTO COUNTY CMEI	
	24b. DATE SIGNED (Month, Day, Year) APRIL 15, 2008		24c. STATE LICENSE NUMBER		24g. DATE SIGNED (Month, Day, Year) APRIL 15, 2008	
	24d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or print)					
CAUSE OF DEATH	25. PART I: DEATH CAUSED BY: IMMEDIATE CAUSE (Enter one cause only). (a) METASTATIC CANCER OF PANCREAS AND LUNG					Interval between onset and death
	DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only): (b)					Interval between onset and death
	DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only): (c)					Interval between onset and death
Had Decedent been Pregnant Within 90 Days Prior to Death? <input type="checkbox"/> Yes <input type="checkbox"/> No	26. PART II: OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in PART I HYPERTENSION, DIABETES MELLITUS			27. AUTOPSY (Yes or No) NO	28. WAS CASE REFERRED TO MEDICAL EXAMINER? (Yes or No) YES	
	29a. ACCIDENT, SUICIDE, HOMICIDE, PENDING INVESTIGATION, OR UNDETERMINED (Specify)		29b. DATE OF INJURY (Month, Day, Year)	29c. HOUR OF INJURY (m.)	29d. DESCRIBE HOW OR BY WHAT MEANS INJURY OCCURRED	
29e. INJURY AT WORK (Yes or No)		29f. PLACE OF INJURY (Specify Home, Farm, Street, Factory, Office building, etc.)		29g. LOCATION Street or route number City or town State		

AUG 26 2008

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

APR 24 2008

Judy Moulder
STATE REGISTRAR

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