

INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH



Local No. 3700-08

State No.

1. Decedent's Legal Name (First, Middle, Last) West Powell, Jr.				1a. Maiden Last Name (if Female)		2. Sex Male		3. Time Of Death 4:35 AM		4. Date Of Death (Month/Day/Year) October 24, 2008		
5. Social Security Number 426-74-5735		6a. Age - Yrs 68		6b. Under 1 Year Months		6c. Under 1 Month Days		6d. Under 1 Day Hours		6e. Under 1 Hour Minutes		
7. Date Of Birth (Month/Day/Year) September 17, 1940				8. Birthplace (City And State Or Foreign Country) Madison, MS								
9. Ever In U.S. Armed Forces? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		10. If Death Occurred In A Hospital: <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Department Outpatient <input type="checkbox"/> Dead On Arrival				10a. If Death Occurred Somewhere Other Than A Hospital: <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Nursing Home/Long-Term Care Facility <input type="checkbox"/> Other (Specify)						
11. Facility Name (If Not Institution, Give Street And Number) St. Margaret Hospital												
12. City Or Town, State, And Zip Code Dyer, Indiana						13. County Of Death Lake			14. Marital Status At Time Of Death <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown			
15. Surviving Spouse's Name Weeda Powell				15a. (If Wife) Give Maiden Last Name Adams		16. Decedent's Usual Occupation Sanitation			17. Kind Of Business/Industry City Of Hammond			
18. Residence - State Indiana			18a. County Lake			18b. City Or Town Hammond						
18c. Street And Number 1233 E. Porter Rd						18d. Apt. No.		18e. Zip Code 46320		18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
19. Decedent's Education 11th			20. Decedent Of Hispanic Origin NO			21. Decedent's Race Black						
22. Father's Name (First, Middle, Last) West Powell, Sr.				23. Mother's Name (First, Middle, Last) Leanna Powell				23a. Mother's Maiden Last Name Miller				
24. Informant's Name Weeda Powell			24a. Relationship To Decedent Wife			24b. Mailing Address (Street And Number, City, State, Zip Code) 1233 E. Porter Rd Hammond, Indiana 46320						
25a. Method Of Disposition <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal From State <input type="checkbox"/> Other (Specify)			25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) Kelly-Carroll Cremation Service			25c. Location - City, Town, And State Gary, Indiana						
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility Divinity Funeral Home & Cremation Services 3831 Main Street East Chicago, Indiana 46312										
27a. Signature Of Indiana Funeral Service Licensee <i>Samuel Anderson</i>						27b. License Number (Of Licensee) FEED1019692						
28. Part I. Enter The Chain Of Events—Diseases, Injuries, Or Complications—That Directly Caused The Death. Do Not Enter Terminal Events Such As Cardiac Arrest, Respiratory Arrest, Or Ventricular Fibrillation Without Showing The Etiology. Do Not Abbreviate. Enter Only One Cause On A Line. Add Additional Lines If Necessary. Immediate Cause (Final Disease Or Condition Resulting In Death) A. Cardio-Respiratory Failure B. Congestive Heart Failure C. Coronary Artery Disease D. Chronic Renal Disease												
Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I.												
29. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			30. Were Autopsy Findings Available To Complete The Cause Of Death? <input type="checkbox"/> Yes <input type="checkbox"/> No									
31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown			32. If Female: <input type="checkbox"/> Not Pregnant Within Past Year <input type="checkbox"/> Pregnant At Time Of Death <input type="checkbox"/> Not Pregnant, But Pregnant Within 42 Days Of Death <input type="checkbox"/> Not Pregnant, But Pregnant 43 To 1 Year Before Death <input type="checkbox"/> Unknown If Pregnant Within The Past Year			33. Manner Of Death: <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could Not Be Determined						
34. Date Of Injury (Month/Day/Year) NOV 3 2008			36. Place Of Injury (E.G., Decedent's Home, Construction Site, Restaurant, Wooded Area)						37. Injury At Work? <input type="checkbox"/> Yes <input type="checkbox"/> No			
38. Location Of Injury - State INDIANA						38b. Street & Number			38c. Apt. No.		38d. Zip Code	
39. Describe How Injury Occurred PEGGY HOLINGA KATONA LAKE COUNTY AUDITOR												
40. If Transportation Injury, Specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify) 017329 CS												
41. Signature Of Person Certifying Cause Of Death: <i>William M. ...</i>						42. Certifier (Check Only One) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer						
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: DR. K. TRIVEDI 656 Westworth Avenue Calumet City, IL 60409						44. License Number 01033282A		45. Date Certified 10/29/08				
46. Additional Funeral Service Provider:												
47. *Akas:						48. Signature of Local Health Officer: <i>Susan J. Best, D.O.</i>						
						49. For Registrar Only - Date Filed (Month/Day/Year): October 29, 2008						

Reeder & Pachter's Seminole Add Lot 4 45-07-06-207-005.000-023

DO NOT WRITE IN THESE SPACES

NOT OFFICIAL

FILED

RECORDED

NOV 3 2008

LAKE COUNTY AUDITOR

2008 OCT 29 10:10 AM

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

RECORDED

NOV 3 2008

FILED