

\* 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

CERTIFICATE OF DEATH

State No. ....

Local No. 06-0187

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

TYPE/PRINT IN PERMANENT BLACK INK

1 DECEASED—NAME (First Middle Last) Ethel Jene' Colbert				2 SEX Female		3a TIME OF DEATH 10:53 P.M.		3b DATE OF DEATH (Month Day Yr) April 1, 2006					
4 *SOCIAL SECURITY NUMBER 316-72-0131		5a AGE—Last Birthday (Years) 47		5b UNDER 1 YEAR Months Days		5c UNDER 1 DAY Hours Minutes		6 DATE OF BIRTH (Mo. Day Yr) July 28, 1958		7 BIRTHPLACE (City and State or Foreign Country) Gary, Indiana			
8a WAS DECEDENT A U.S. VETERAN? No		8b YEAR LAST SERVED IN U.S. ARMED FORCES? N/A		9a PLACE OF DEATH (Check only one See instructions) HOSPITAL <input type="checkbox"/> Inpatient <input checked="" type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence									
9b FACILITY NAME (If not institution, give street and number) Methodist Hospital Northlake						9c CITY, TOWN OR LOCATION OF DEATH Gary			9d COUNTY OF DEATH Lake				
10 MARITAL STATUS (Specify) Married		11 SURVIVING SPOUSE (If wife, give maiden name) Spencer Colbert			12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Loan Officer			12b KIND OF BUSINESS/INDUSTRY Bank					
13a RESIDENCE—STATE Indiana		13b COUNTY Lake		13c CITY, TOWN OR LOCATION Gary			13d STREET AND NUMBER 3636 Pierce Street						
13e ZIP CODE 46408		13f INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		14 CITIZEN OF WHAT COUNTRY? USA		15 WAS DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If yes specify Cuban, Mexican, Puerto Rican, etc.)		16 RACE—American Indian, Black, White, etc. (Specify) Black		17 DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) <input type="checkbox"/> College (1-4 or 5+) <input type="checkbox"/> 2			
18 FATHER'S NAME (First, Middle, Last) Jesse Danzy						19 MOTHER'S NAME (First, Middle, Maiden Surname) Virginia Carter							
20a INFORMANT'S NAME (Type/Print) Spencer Colbert				20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 3636 Pierce Street Gary, Indiana 46408				20c Relationship Husband					
21a METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)				21b DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) April 8, 2006 Evergreen Memorial Park Cemetery				21c LOCATION—City or Town, State Heart, Indiana					
22a EMBALMER'S NAME Sherman G. Banks III				22b EMBALMER'S LICENSE NO. FD01016254		23 WAS DEATH REPORTED TO CORONER? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes							
24a SIGNATURE OF FUNERAL DIRECTOR <i>Sherman G. Banks III</i>				24b LICENSE NUMBER (of Licensee) FD01016254		25 NAME, ADDRESS AND LICENSE NUMBER OF FUNERAL HOME Smith Bizzell & Warner FH10500021 4209 Grant Street Gary, Indiana 46408							
26 PART I Enter the diseases, injuries, or complications that caused the death. Do not enter nonspecific terms, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. <i>Acute pulmonary embolus</i> DUE TO (OR AS A CONSEQUENCE OF) b. <i>Deep vein thrombosis</i> DUE TO (OR AS A CONSEQUENCE OF) c. <i>Stasis secondary to hysterectomy and abdominaloplasty</i> DUE TO (OR AS A CONSEQUENCE OF) d. <i>Uterine leiomyomata</i> PART II Other significant conditions - Conditions contributing to death but not previously stated in Part I <i>Mild obesity</i> Approximate interval Between Onset and Death <i>minutes</i> <i>5 days</i> <i>5 days</i>													
29a CERTIFIER (Check only one) <input checked="" type="checkbox"/> CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated <input type="checkbox"/> HEALTH OFFICER 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) as stated <input type="checkbox"/> 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				29b SIGNATURE AND TITLE OF CERTIFIER <i>Michael W. Kaufman MD Pathologist</i>				29c MEDICAL LICENSE NO. <i>REC 0015 36-47575</i>		29d DATE SIGNED (Month Day Year) 5/16/06			
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) <i>Michael W. Kaufman MD Department of Pathology Evanston Hospital 2650 Ridge Avenue Evanston IL</i>										32 DATE FILED (Month Day Year) <i>MAY 19 2006</i>			
31 HEALTH OFFICER'S SIGNATURE <i>[Signature]</i>													
33 MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide			34a DATE OF INJURY (Month Day Year)		34b TIME OF INJURY		34c INJURY AT WORK (Yes or no)		34d PLACE OF INJURY—At home, farm, street, factory, office, building, etc. (Specify) <i>LAKE COUNTY AUDITOR</i>			34e LOCATION (Street and Number or Rural Route Number, City or Town, State) <i>008876</i>	
34g DATE PRONOUNCED DEAD (Month Day Year)				34h MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, list motor carrier, driver, and vehicle no. <i>No</i>									

DECEDENT

PARENTS

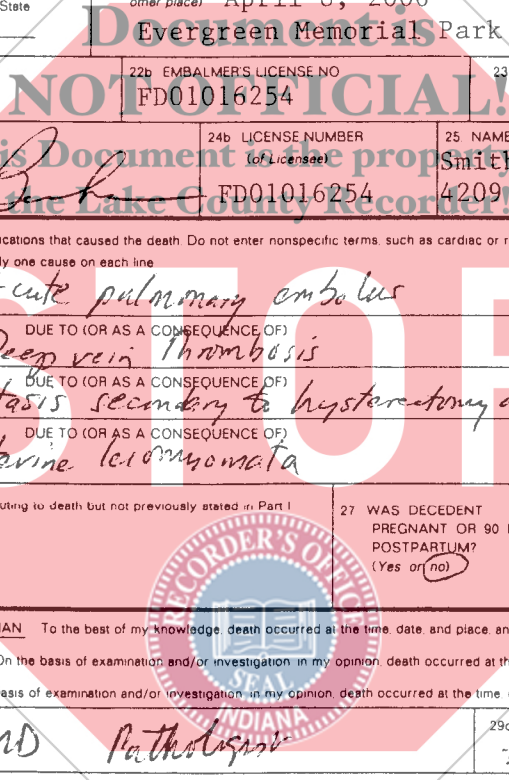
INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER



FILED

APR 03 2009

PEGGY HOLINGA KATONA  
LAKE COUNTY AUDITOR