

INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH



Local No. 4426-08

State No. _____

| | | | | | | | |
|--|---------------------------|--|--|--|-----------------------------------|--|---|
| 1 Decedent's Legal Name (First, Middle, Last) Roosevelt Bridgeman | | 1a Maiden Last Name (if Female) N/A | | 2 Sex Male | 3 Time Of Death 9:05 AM | 4 Date Of Death (Month/Day/Year) December 29, 2008 | |
| 5 Social Security Number 427-30-5538 | 6a Age - Yrs 84 | 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) August 23, 1924 | 8 Birthplace (City And State Or Foreign Country) Madison County, Mississl |
| 9 Ever In U.S. Armed Forces? <input checked="" type="checkbox"/> Yes <input 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) Methodist Hospital Southlake | | | | | | | |
| 12 City Or Town, State, And Zip Code Merrillville, 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 NO | | 15a (If Wife) Give Maiden Last Name N/A | | 16 Decedent's Usual Occupation Foreman | | 17 Kind Of Business/Industry Inland Steel Corp. | |
| 18 Residence - State Indiana | | 18a County Lake | | 18b City Or Town Gary | | | |
| 18c Street And Number 1169 Van Buren Sreet | | | | 18d Apt. No. | 18e Zip Code 20009 07 | 18f Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| 19 Decedent's Education 3rd Grade | | 20 Decedent Of Hispanic Origin NO | | 21 Decedent's Race Black | | | |
| 22 Father's Name (First, Middle, Last) Theodore Roosevelt Bridgeman | | | 23 Mother's Name (First, Middle, Last) Betty Mae Bridgeman | | | 23a Mother's Maiden Last Name gan | |
| 24 Informant's Name Janice Williams | | 24a Relationship To Decedent Daughter | | 24b Mailing Address (Street And Number, City, State, Zip Code) 837 Bauer Street Hammond, Indiana 46320 | | | |
| 25a Method Of Disposition <input checked="" type="checkbox"/> Burial <input 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) January 5, 2009 Evergreen Cemetery | | 25c Location - City, Town, And State Hobart, Indiana | | | |
| 26 Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | 27 Name And Complete Address Of Funeral Facility Guy & Allen Funeral Directors, Inc 2959 West 11th Avenue Gary, Indiana 46404 | | | | 27a Funeral Home License Number 83007704 | |
| 27b Signature Of Indiana Funeral Service Licensee | | | | 27c License Number (Of Licensee) 08700298 | | | |
| 28 Cause Of Death (See Instructions And Examples) 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. acute myocardial infarction Due To (Or As A Consequence Of) B. _____ Due To (Or As A Consequence Of) C. _____ Due To (Or As A Consequence Of) D. _____ Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I. Subdural Hematomas Approximate Interval: Onset To Death 11-1:30 | | | | | | | |
| 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 checked="" type="checkbox"/> No | | | |
| 31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown | | 32. 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 | | 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) APR - 7 2009 | | 35. Time Of Injury | | 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 | | 38a. City Or Town PEGGY HOLINGA KATONA LAKE COUNTY AUDITOR | | 38b. Street & Number | | 38c. Apt. No. 002510 | |
| 39. Describe How Injury Occurred | | | | 40. If Transportation Injury, Specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify) 11-LP | | | |
| 41. Signature: Of Person Certifying Cause Of Death | | | | 42. Certifier (Check Only One) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer OK5109500 | | | |
| 43. Name, Address And Zip Code Of Person Certifying Cause Of Death Pechi N. Nwagwu 3535 Broadway Gary Indiana 46405 | | | | 44. License Number 01033571 | | 45. Date Certified 11/5/09 544 | |
| 46. Additional Funeral Service Provider | | | | 47. *Akas: | | | |
| 48. Signature of Local Health Officer Susan W. Best, D.O. | | | | 49. For Registrar Only - Date Filed (Month/Day/Year) January 13, 2009 | | | |

Gary hand Co's 11th Sub kot 28 Block 11 45-08-09-253-018,000-004

