ATTENTION ESTATE: Disclosure of the ... we need to pursue our responsibilities ... voluntary and there will be no penalty for ... usual.*

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

COPY

State No. .....

Local No. 95-0560

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-19-3

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

1. DECEASED—NAME (First, Middle, Last): Laura M. Eddie			2. SEX: Female	3a. TIME OF DEATH: M	3b. DATE OF DEATH (Month, Day, Yr.): July 16, 1995
4. *SOCIAL SECURITY NUMBER: 423-52-1042	5a. AGE—Last Birthday (Years): 55	5b. UNDER 1 YEAR: Months Days	5c. UNDER 1 DAY: Hours Minutes	6. DATE OF BIRTH (Mo. Day Yr): July 9, 1940	7. BIRTHPLACE (City and State or Foreign Country): Birmingham Alabama
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 ☐ Inpatient ☐ ER/Outpatient ☐ DOA		OTHER ☐ Nursing Home ☐ Other (Specify) ☒ Residence	
9b. FACILITY NAME (If not institution, give street and number): 230 Hovey Street		9c. CITY, TOWN, OR LOCATION OF DEATH: Gary		9d. COUNTY OF DEATH: Lake	
10. MARITAL STATUS (Specify): Widowed	11. SURVIVING SPOUSE (If wife, give maiden name)	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Homemaker		12b. KIND OF BUSINESS/INDUSTRY: Home	
13a. RESIDENCE—STATE: Indiana	13b. COUNTY: Lake	13c. CITY, TOWN, OR LOCATION: Gary		13d. STREET AND NUMBER: 230 Hovey Street	
13e. ZIP CODE: 46406	13f. INSIDE CITY LIMITS ☐ No ☒ Yes	14. CITIZEN OF WHAT COUNTRY? USA	15. WAS DECEDENT OF HISPANIC ORIGIN? ☒ No ☐ 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): College (1-4 or 5+): 3 yrs.
	13g. ON A FARM? ☒ No ☐ Yes				
18. FATHER'S NAME (First, Middle, Last): Sam Ballard				19. MOTHER'S NAME (First, Middle, Maiden Surname): Qunnie Bolding	
20a. INFORMANT'S NAME (Type/Print): Qunnie Bolding		20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 2952 East 112 Cleveland, Ohio 44104			20c. Relationship: Mother
21a. METHOD OF DISPOSITION: ☐ Entombment ☑ Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)		21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): July 21, 1995 Oak Hill Cemetery			21c. LOCATION—City or Town, State: Gary, Indiana
22a. EMBALMER'S NAME: Patrician Owens		22b. EMBALMER'S LICENSE NO.: 08700298		23. WAS DEATH REPORTED TO CORONER? ☐ No ☒ Yes	
24a. SIGNATURE OF FUNERAL DIRECTOR		24b. LICENSE NUMBER (of Licensee): 08700298		25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME: Guy & Allen Funeral Directors, I 2959 West 11th Avenue Gary, Indiana 46404	83007704

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.

Approximate Interval Between Onset and Death

IMMEDIATE CAUSE (Final disease or condition resulting in death)

a. Acute Coronary Occlusion

DUE TO (OR AS A CONSEQUENCE OF):

b. Congestive Heart Failure

DUE TO (OR AS A CONSEQUENCE OF):

c.

DUE TO (OR AS A CONSEQUENCE OF):

d.

Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last

PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I.

27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no)	28a. WAS AN AUTOPSY PERFORMED? (Yes or no)	28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no)
No	No	

29a. CERTIFIER (Check only one)

☒ CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated.

☐ 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.

☐ 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: [signature] MD

29c. MEDICAL LICENSE NO.: 01018989

29d. DATE SIGNED (Month, Day, Year): 08-08-95

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print): David E. Boss, M.D. 1019 W. 5th Avenue, Gary, IN 46404

31. HEALTH OFFICER'S SIGNATURE

32. DATE FILED (Month, Day, Year): AUG 10 1995

33. MANNER OF DEATH	34a. DATE OF INJURY (Month, Day, Year)	34b. TIME OF INJURY	34c. INJURY AT WORK? (Yes or no)	34d. DESCRIBE HOW INJURY OCCURRED
☐ Natural ☐ Pending Investigation ☐ Accident ☐ Suicide ☐ Could not be Determined ☐ Homicide				

34e. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)

34f. LOCATION (Street and Number or Rural Route Number, City or Town, State)

34g. DATE PRONOUNCED DEAD (Month, Day, Year)

34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.

FILED
MAY 13 2009
PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

45-02-01-235-009.000-004