

INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

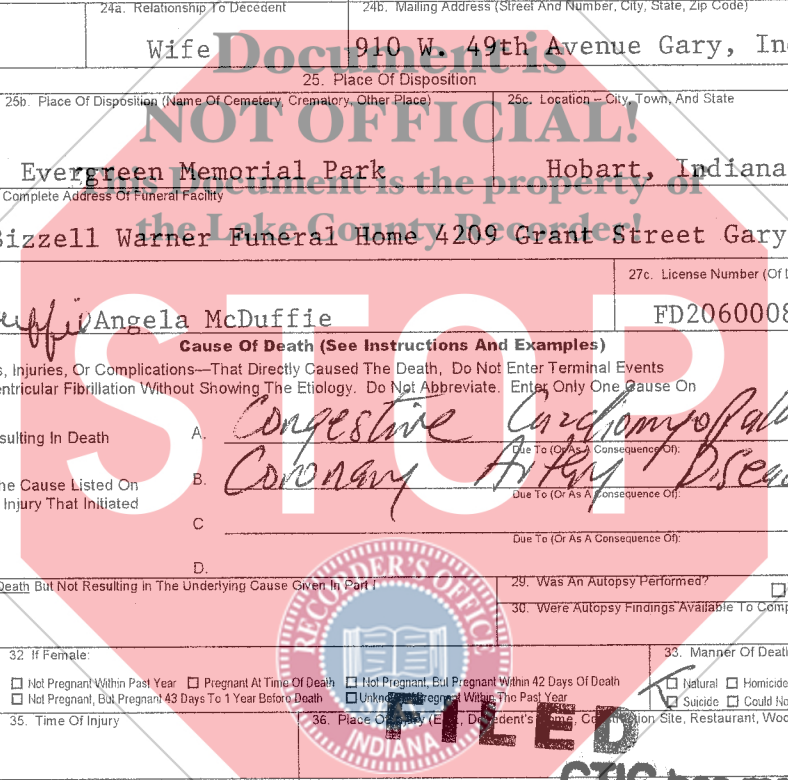


08 0272

Local No.

State No.

1. Decedent's Legal Name (First, Middle, Last) James E. Bournes				1a. Maiden Last Name (If Female)		2. Sex Male		3. Time Of Death 3:44 AM		4. Date Of Death (Month/Day/Year) May 18, 2008	
5. Social Security Number 317-52-8866		6a. Age - Yrs 60		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, 1947				8. Birthplace (City And State Or Foreign Country) Oak Vale, Mississippi							
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 type="checkbox"/> Inpatient <input checked="" 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 Northlake											
12. City Or Town, State, And Zip Code Gary, Indiana 46402						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 Donnie L. Bournes				15a. (If Wife) Give Maiden Last Name Cole		16. Decedent's Usual Occupation Craneman			17. Kind Of Business/Industry Inland Steel Mill		
18. Residence - State Indiana				18a. County Lake		18b. City Or Town Gary			18d. Apt. No.		18e. Zip Code 46408
18c. Street And Number 910 W. 49th Avenue				18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		19. Decedent's Education Some college but no degree			20. Decedent Of Hispanic Origin no, not spanish/latina		21. Decedent's Race Black
22. Father's Name (First, Middle, Last) Roosevelt Bournes				23. Mother's Name (First, Middle, Last) Willie Gussie Bournes				23a. Mother's Maiden Last Name Cholar			
24. Informant's Name Donnie L. Bournes				24a. Relationship To Decedent Wife		24b. Mailing Address (Street And Number, City, State, Zip Code) 910 W. 49th Avenue Gary, Indiana 46408					
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) Evergreen Memorial Park				25c. Location - City, Town, And State Hobart, Indiana			
26. Was Coroner Contacted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility Smith Bizzell Warner Funeral Home 4209 Grant Street Gary, IN						27a. Funeral Home License Number: FH10500021			
27b. Signature Of Indiana Funeral Service Licensee: <i>Angela McDuffie</i> Angela McDuffie						27c. License Number (Of Licensee): FD20600080					
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. Congestive Cardomyopathy B. Coronary Artery Disease C. _____ D. _____ Sequentially List Conditions, If Any, Leading To The Cause Listed On Line A. Enter The Underlying Cause (Disease Or Injury That Initiated The Events Resulting In Death) Last											
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 checked="" type="checkbox"/> No							
31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Probably <input type="checkbox"/> No <input 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 Days To 1 Year Before Death <input type="checkbox"/> Unknown (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)		35. Time Of Injury		36. Place Of Injury (E.g., Decedent's Home, Condo, Apartment, Site, Restaurant, Wooded Area)				37. Injury At Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
38. Location Of Injury - State		38a. City Or Town		38b. Street & Number		38c. City, State, Zip Code		38d. Zip Code			
39. Describe How Injury Occurred <i>PEGGY HOLINGA KATONA LAKE COUNTY AUDITOR</i>						40. If Transportation Injury, Specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify) 82086C					
41. Signature, Of Person Certifying Cause Of Death <i>Heidi N. Nishitani</i>						42. Certifier (Check Only One) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer \$11					
43. Name, Address And Zip Code Of Person Certifying Cause Of Death <i>Heidi N. Nishitani 1555 Broadway Gary Indiana 46409</i>						44. License Number 01055571		45. Date Certified 5/21/08 CT			
46. Additional Funeral Service Provider:						47. *Akas: CT					
48. Signature of Local Health Officer: <i>R Adams</i>						49. For Registrar Only - Date Filed (Month/Day/Year) 016313		MAY 28 2008			



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LAKE COUNTY RECORDS
FILED FOR RECORDING
MICHAEL A. BROWN
CLERK

Chicago Title Insurance Company