

INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

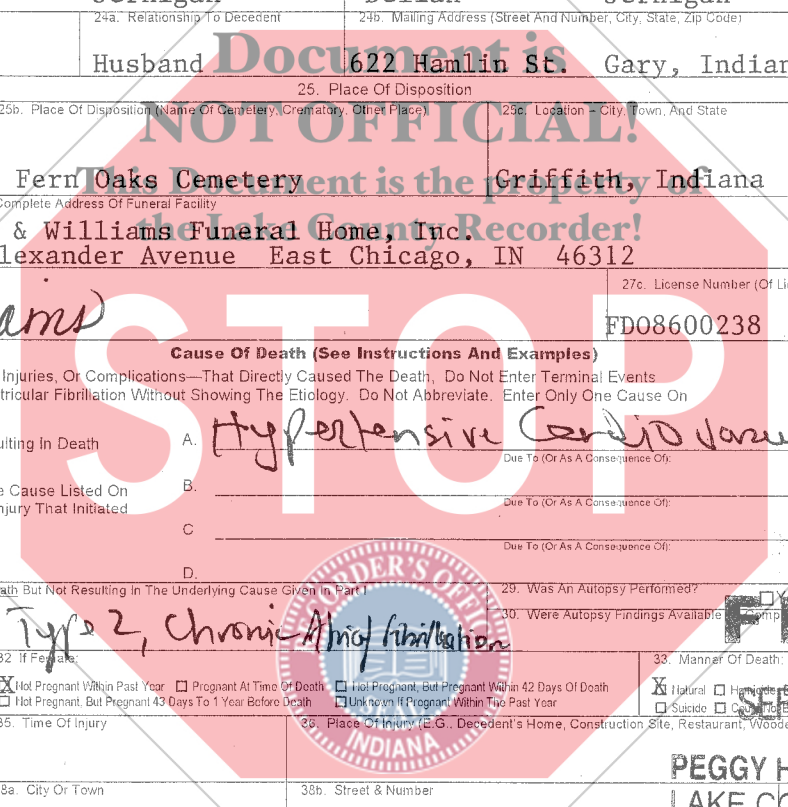


45-07-01-309-010-000-004

Local No. 000201

State No.

1. Decedent's Legal Name (First, Middle, Last) Sadie L. Walker				1a. Maiden Last Name (If Female) Jernigan		2. Sex Female	3. Time Of Death 2:15AM	4. Date Of Death (Month/Day/Year) September 12, 2009		
5. Social Security Number 315-30-8939	6a. Age - Yrs 78	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) January 3, 1931		8. Birthplace (City And State Or Foreign Country) Bullock County, Alabama		
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) Regency Hospital										
12. City Of Town, State, And Zip Code East Chicago, Indiana 46312				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 Ivory Walker			15a. (If Wife) Give Maiden Last Name N/A		16. Decedent's Usual Occupation Homemaker		17. Kind Of Business/Industry N/A			
18. Residence - State Indiana		18a. County Lake		18b. City Or Town Gary		18c. Street And Number 622 Hamlin Street		18d. Apt. No.	18e. Zip Code 46406	
18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		19. Decedent's Education 12th		20. Decedent Of Hispanic Origin No		21. Decedent's Race Black				
22. Father's Name (First, Middle, Last) Charles Jernigan			23. Mother's Name (First, Middle, Last) Deliah Jernigan			23a. Mother's Maiden Last Name Howard				
24. Informant's Name Ivory Walker			24a. Relationship To Decedent Husband		24b. Mailing Address (Street And Number, City, State, Zip Code) 622 Hamlin St. Gary, Indiana 46406					
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) Fern Oaks Cemetery		25c. Location - City, Town, And State Griffith, Indiana		25. Place Of Disposition				
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility Hinton & Williams Funeral Home, Inc. 4859 Alexander Avenue East Chicago, IN 46312					27a. Funeral Home License Number 33001520			
27b. Signature Of Indiana Funeral Service Licensee <i>Tracy Cheri Williams</i>					27c. License Number (Of Licensee) FD08600238					
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. Hypertensive Cardiovascular Due To (Or As A Consequence Of): B. _____ Due To (Or As A Consequence Of): C. _____ Due To (Or As A Consequence Of): D. _____ Due To (Or As A Consequence Of):										
Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I. Diabetes mellitus Type 2, Chronic Atrial fibrillation										
29. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		30. Were Autopsy Findings Available? <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. If Female: <input checked="" 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 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"/> Poisoning <input type="checkbox"/> Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Coroner's Case <input type="checkbox"/> Unknown					
34. Date Of Injury (Month/Day/Year)		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 checked="" type="checkbox"/> No			
38. Location Of Injury - State		38a. City Or Town		38b. Street & Number		38c. Apt. No.		38d. Zip Code		
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) 016682				
41. Signature, Of Person Certifying Cause Of Death: <i>E. Palmer</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: EMERIE PALMER; 600 GRAM ST, GARY, IN					44. License Number		45. Date Certified 9/16/2009			
46. Additional Funeral Service Provider:					47. *Akas:					
48. Signature of Local Health Officer: <i>Gina B... Abornka MD</i>					49. For Registrar Only - Date Filed (Month/Day/Year) 9/16/09					



2009 0651366
STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
MICHAEL A. BROWN
RECORDS
2009 SEP 24 AM 9:59