

INDIANA STATE DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH



Local No. #08-436

Parcel # 45-08-16-178-030<sup>032</sup>

STATE OF INDIANA  
LAKE COUNTY

1. Decedent's Legal Name (First, Middle, Last) <b>Annie Bell Hill</b>			1a. Maiden Last Name (If Female) <b>Ratliff</b>			2. Sex <b>Female</b>		3. Time Of Death <b>7:05 PM</b>		4. Date Of Death (Month/Day/Year) <b>August 20, 2008</b>	
5. Social Security Number <b>304-42-1923</b>		6a. Age - Yrs <b>96</b>		6b. Under 1 Year <b>2009 06 5 7 03</b>		6c. Under 1 Month <b>2009 06 5 7 03</b>		6d. Under 1 Day <b>2009 06 5 7 03</b>		7. Date Of Birth (Month/Day/Year) <b>October 8, 1911</b>	
9. Ever In U.S. Armed Forces? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>			10. If Death Occurred In A Hospital: <input 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 <input type="checkbox"/> Long-Term Care Facility <input type="checkbox"/> Other (Specify): <b>MICHAEL A. BROWN</b>					
11. Facility Name (If Not Institution, Give Street And Number) <b>Methodist Hospital Northlake</b>											
12. City Or Town, State, And Zip Code <b>Gary, Indiana</b>						13. County Of Death <b>Lake</b>			14. Marital Status At Time Of Death <input type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input type="checkbox"/> Divorced <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown		
15. Surviving Spouse's Name <b>NO</b>			15a. (If Wife) Give Maiden Last Name <b>N/A</b>			16. Decedent's Usual Occupation <b>Homemaker</b>			17. Kind Of Business/Industry <b>Home</b>		
18. Residence - State <b>Indiana</b>			18a. County <b>Lake</b>			18b. City Or Town <b>Gary</b>					
18c. Street And Number <b>1138 West 25th Avenue</b>						18d. Apt. No.		18e. Zip Code <b>46404</b>		18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
19. Decedent's Education <b>9th Grade</b>			20. Decedent Of Hispanic Origin <b>NO</b>			21. Decedent's Race <b>Black</b>					
22. Father's Name (First, Middle, Last) <b>Joseph Ratliff</b>						23. Mother's Name (First, Middle, Last) <b>Zettie Ratliff</b>			23a. Mother's Maiden Last Name <b>Allen</b>		
24. Informant's Name <b>Joann Hill Labostrie</b>			24a. Relationship To Decedent <b>Daughter</b>			24b. Mailing Address (Street And Number, City, State, Zip Code) <b>18465 Parkside Detroit, Michigan 48221</b>					
25a. Method Of Disposition <input type="checkbox"/> Burial <input checked="" 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) <b>Oak Hill Cemetery</b>			25c. Location - City, Town, And State <b>Gary, Indiana</b>					
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility <b>Guy &amp; Allen Funeral Directors, Inc 2959 West 11th Avenue Gary, Indiana 46404</b>						27a. Funeral Home License Number: <b>83007704</b>			
27b. Signature Of Indiana Funeral Service Licensee <i>Carmelita</i>						27c. License Number (Of Licensee): <b>#29700070</b>					
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. <b>Deep Vein Thrombosis</b> Due To (Or As A Consequence Of) B. _____ Due To (Or As A Consequence Of) C. _____ Due To (Or As A Consequence Of) D. _____ Approximate Interval: Onset To Death <b>One</b>											
Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I											
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 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"/> Unknown <input type="checkbox"/> Pregnant Within The Past Year <input type="checkbox"/> Not Pregnant, But Pregnant 43 Days To 1 Year Before Death			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			37. Injury At Work? <input type="checkbox"/> Yes <input type="checkbox"/> No		
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)			38. Zip Code <b>CS</b>		
38. Location Of Injury - State <b>IN</b>			38a. City Or Town <b>Gary</b>			38b. Birth Date <b>SEP 28 2019</b>			38c. Apt. No. <b>013164</b>		
39. Describe How Injury Occurred <b>18465 Parkside St Detroit, MI 48221</b>						40. If Transportation Injury, Specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify) <b>11<sup>00</sup> AP</b>					
41. Signature Of Person Certifying Cause Of Death: <i>Dr. Dalal</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: <b>5825 Broadway St. B Merrillville, IN 46410</b>						44. License Number <b>29392</b>		45. Date Certified <b>8/26/08</b>			
46. Additional Funeral Service Provider:						47. *Akas:					
48. Signature Of Local Health Officer: <i>R Hobbs</i>						49. For Registrar Only - Date Filed (Month/Day/Year) <b>AUG 28 2008</b>					

