

**INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH**



Local No. **09 0496** **45-08-16-408-022-000-004** State No. **45-08-21-355-024-000-004**

1 Decedent's Legal Name (First, Middle, Last) JAMES E. Clay		1a Maiden Last Name (If Female)		2 Sex Male		3 Time Of Death 3:39 PM		4 Date Of Death (Month/Day/Year) September 25, 2009							
5 Social Security Number 411-38-8781		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) April 13, 1931		8 Birthplace (City And State Or Foreign Country) Union City, Tennessee	
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 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 Northlake Hospital										2010 002120 STATE OF INDIANA LAKE COUNTY FILED FOR RECORDS 2010 JAN 13 AM 10:22 CARGILL & POLLARD ACTING RECORDER					
12 City Or Town, State, And Zip Code Gary, Indiana 46404					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 Carrie L Clay			15a (If Wife) Give Maiden Last Name			16 Decedent's Usual Occupation Station Operator			17 Kind Of Business/Industry U.S. Steel						
18 Residence - State Indiana		18a County Lake		18b City Or Town Gary		18d Apt No		18e Zip Code 46408		18f Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
19 Decedent's Education High School Graduate / GED		20 Decedent Of Hispanic Origin Non-Hispanic		21 Decedent's Race Black		22 Father's Name (First, Middle, Last) Jimmie Clay		23 Mother's Name (First, Middle, Last) Lena Clay		23a Mother's Maiden Last Name					
24 Informant's Name Carrie L Clay		24a Relationship To Decedent Wife		24b Mailing Address (Street And Number, City, State, Zip Code) 3684 Johnson Street 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 46340											
26 Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27 Name And Complete Address Of Funeral Facility Smith, Bizzell & Warner Funeral Home 4209 Grant Street, Gary, Indiana 46408		27a Funeral Home License Number FD050002		27b Signature Of Indiana Funeral Service Licensee <i>[Signature]</i>		27c License Number (Of Licensee) FD29700057							
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. Pancreatic cancer Due To (Or As A Consequence Of) B. Metastatic liver cancer Due To (Or As A Consequence Of) C. _____ Due To (Or As A Consequence Of) D. _____ Due To (Or As A Consequence Of) 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										Approximate Interval: Onset To Death					
Part II Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I Long Diabetes Mellitus, Atrial fibrillation, Peripheral vascular disease										29 Was An Autopsy Performed? <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 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"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could Not Be Determined		34 Date Of Injury (Month/Day/Year) Sept 25, 2009		35 Time Of Injury		36 Place Of Injury (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 <i>[Signature]</i>		40 If Transportation Injury, Specify <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify) es			
41 Signature, Of Person Certifying Cause Of Death <i>[Signature]</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 5800 Parsloway Suite A-5, Merrillville IN 46410		44 License Number 01082773		45 Date Certified 10/20/09		46 Additional Funeral Service Provider		47 *Akas			
46 Signature of Local Health Officer <i>[Signature]</i>		49 For Registrar Only - Date Filed (Month/Day/Year) OCT 21 2009		000123											

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JAN 13 2010
LAKE COUNTY INDIANA

EGGY HOLINGA KATONA
LAKE COUNTY AUDITOR