

INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH



Local No. 3355-09

State No.

1. Decedent's Legal Name (First, Middle, Last) Pauline Williams				1a. Maiden Last Name (if Female) Bolden		2. Sex Female	3. Time Of Death 6:21 AM	4. Date Of Death (Month/Day/Year) September 23, 2009	
5. Social Security Number 310-36-7158		6a. Age - Yrs 79	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) February 20, 1930		8. Birthplace (City And State Or Foreign Country) Quitman, Mississippi
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) Select Specialty Hospital									
12. City Or Town, State, And Zip Code Hammond, Indiana					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 Robert Williams			15a. (If Wife) Give Maiden Last Name N/A		16. Decedent's Usual Occupation Homemaker		17. Kind Of Business/Industry Home		
18. Residence - State Indiana		18a. County Lake		18b. City Or Town Gary		18d. Apt. No.	18e. Zip Code 46404	18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
19. Decedent's Education 10th Grade			20. Decedent Of Hispanic Origin NO		21. Decedent's Race Black				
22. Father's Name (First, Middle, Last) Yateman Bolden				23. Mother's Name (First, Middle, Last) Regina Bolden			23a. Mother's Maiden Last Name Bartee		
24. Informant's Name Robert Williams		24a. Relationship To Decedent Husband		24b. Mailing Address (Street And Number, City, State, Zip Code) 2635 West 17th Avenue Gary, Indiana 46404					
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) October 1, 2009 Fern Oaks Cemetery		25c. Location - City, Town, And State Griffith, Indiana					
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	27. Name And Complete Address Of Funeral Facility Guy & Allen Funeral Directors, Inc 2959 West 11th Avenue Gary, Indiana 46404							27a. Funeral Home License Number: 83007704	
27b. Signature Of Indiana Funeral Service Licensee: <i>Carmelita Perry</i>						27c. License Number Of Licensee: #29700070			
Cause Of Death (See Instructions And Examples)									
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. SEPSIS Due To (Or As A Consequence Of):									
B. RESPIRATORY FAILURE Due To (Or As A Consequence Of):									
C. END STAGE RENAL DYSFUNCTION Due To (Or As A Consequence Of):									
D. _____									
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 type="checkbox"/> No						30. Were Autopsy Findings Available To Complete The Cause Of Death? <input type="checkbox"/> Yes <input 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)		35. Time Of Injury		36. Place Of Injury <input type="checkbox"/> Decedent's Home, Construction Site, Restaurant, Wooded Area			37. Injury At Work? <input type="checkbox"/> Yes <input 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"/> Other (Specify) 025328			
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: R. MASON 5959 HORTMAN AVE HAMMOND IN 46320						44. License Number 01055426A	45. Date Certified 9/23/09		
46. Additional Funeral Service Provider:						47. *Akas:			
48. Signature Of Local Health Officer: <i>Susan W. Burt, D.O.</i>						49. For Registrar Only - Date Filed (Month/Day/Year): September 28, 2009			

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JAN 20 2010
PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

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