

INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

9 0484

					State No)			
Decedent's Legal Name (First, Middle, Last)		1a. Maiden Last Na	me (If Female)	2. Se	x	3. Time Of	Death	4. Date Of	Death (Month/Day/Year)
BRANDON SYKES				М		12:11P.	М.	ОСТО	BER 10,2009
Social Security Number 6a. Age Yrs 6b Under	1 Year 6c Under 1 Mo	onth 6d Under 1 Day	6e Under 1 Hour	7. Date Of Birth (Mo	nth/Day/Year)	8. Birthpla	ce (City And	State Or For	reign Country)
315-84-1203 32 Months	Days	Hours	Minutes	September	1,1977				
9. Ever In U.S. Armed Forces? 10. If Death Occurred In	A Hospital:		10a. If Death Occurred	Somewhere Other The	ın A Hospital:	T Hospice Es	cility Da	cadante Har	me Nursing Home/Long-
☐ Yes ☑ No Unknown ☐ ☐ Inpatient ☒ Emerge	ency Department Outpatient	☐ Dead On Amival	Term Care Facility ☐ (Other (Specify)		_ rospice re	cally La De	ACUCIICS AIO	ite Li Hursing Fornescong
11. Facility Name (If Not Institution, Give Street And Number)			-						
NORTHLAKE METHODIST HOSPITAL									
12. City Or Town, State, And Zip Code			13. County Of	Death	_	14. Ma	rital Status A	t Time Of D	eath
GARY,INDIANA,46406			LAKE			I⊠ Ma	mied ☐ Ma	arriged, But Se	eparated Divorced
15. Surviving Spouse's Name		15a. (If Wife)Give Maiden	I aet Name	18 Dece	dent's Usual Occ				eparated Divorced Unknown Business/Industry
AISHA SYKES		PARKER	Cas Name	10. 500	dent's Osdar Oca	зарактоп		Steer Mi	
								0	<u> </u>
18. Residence – State	18a County		18b City Or Town						
INDIANA	LAKE		MERRILLVILI					<u> </u>	
18c Street And Number					18d. Apt. No.		18e. Zip Co		18f. Inside City Limits? ☑ Yes ☐ No
3333 WEST 77TH PLACE							46410	5	
19. Decedent's Education	20. Decedent Of H	-		cedent's Race				8	
Bachelor's degree (e.g., BA, AB, BS) No, not Spanish/h		isn/Hispanic/Latino	spanic/Latino Black or African American			-			
2. Father's Name (First, Middle, Last)			23. Mother's Name (First, Middle, Last)				23a. Mother's Maiden Last Name SMITH		
ROOSEVELT SYKES			DIANE SMITH				SMI	. 1	
24. Informant's Name	hip To Decedent		24b. Mailing Address (Street And Number, City, State, Zip Code) 3333 West 77Th Place Merrillville,Indiana,46410						
AISHA SYKES	WIFE			r lace merrii(Vi	uidilä,4	+0+10			
25a. Method Of Disposition. 25b.	. Place Of Disposition (Nam		other Place)	25c. Location - City,	Town, And State		_	N 3	
122 Burnar ☐ Cremanon	ERGREEN MEMOR	0.011	ment	HOBART,IN				29	
☐ Other (Specify):				23			Ω	<u></u>	ral Home License Number:
	nplete Address Of Funeral Fi		L AVE GARY IND	IANA ASADA] []	11.7	PH1080	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
						(-	5.1		
27b. Signature Of Indiana Funeral Service Licensee:	This D	ocument	is the pi	roperty		200084	(Of License	e) <u>1</u> —	<u>.</u>
Dannel Duggle	o gran	ause Of Death (See	unty Rec	orderl	1200		·	Tio	7: (7: 7:20
28. Part I. Enter The Chain Of Events—Diseases, Inju					ants	15			Approximate
Such As Cardiac Arrest, Respiratory Arrest, Or Ventric A Line. Add Additional Lines If Necessary.							ξ,	Ö	Topeath
Immediate Cause (Final Disease Or Condition Resulting	ng In Death	Multiple	gunshot w	ounds	_ \		=1.	ယ	Unknown
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	adde Listed Off	В.		Due To (Or As A Consequ	ence Of)			-	UIRHOWII
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TICOR TITLE - HIGHLAND
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