



INDIANA STATE DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH

Local No. #10-170

45-07-01-233-010,000-004 State No.

1. Decedent's Legal Name (First, Middle, Last) Mary L. Mathews				13. Maiden Last Name (If Female) Jackson		2. Sex Female		3. Time Of Death 4:42 pm		4. Date Of Death (Month/Day/Year) May 6, 2010	
5. Social Security Number 307-42-9651		8a. Age - Yrs 75		9b. Under 1 Year Months		9c. Under 1 Month Days		9d. Under 1 Day Hours		9e. Under 1 Hour Minutes	
7. Date Of Birth (Month/Day/Year) March 26, 1935				8. Birthplace (City And State Or Foreign Country) Georgetown, Georgia							
9. Ever In U.S. Armed Forces? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown				10. If Death Occurred In A Hospital: <input type="checkbox"/> Inpatient <input checked="" 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 Hospital Northlake											
12. City Or Town, State, And Zip Code Gary, 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 Jessie Mathews				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					
18c. Street And Number 140 South Clark Road						18d. Apt. No.		18e. Zip Code 46406		18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
19. Decedent's Education 7th Grade			20. Decedent Of Hispanic Origin NO			21. Decedent's Race Black					
22. Father's Name (First, Middle, Last) Henry Jackson				23. Mother's Name (First, Middle, Last) Laurene Anderson				23a. Mother's Maiden Last Name Maxwell			
24. Informant's Name Jessie Mathews			24a. Relationship To Decedent Husband			24b. Mailing Address (Street And Number, City, State, Zip Code) 140 South Clark Road 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) May 14, 2010 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: 						27c. License Number (Of Licensee): #08700298					
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. <u>Carcinoma of the Lung</u> 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 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						29. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		30. Were Autopsy Findings Available To Complete The Cause Of Death? <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 checked="" 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 <input type="checkbox"/> Restaurant, Workplace (Area)					
34. Date Of Injury (Month/Day/Year)		35. Time Of Injury		36. Place Of Injury (Use Decedent's Home, Restaurant, Workplace, etc.) <b>FILED</b> JUL 07 2010				37. Injury At Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		38. Zip Code	
38. Location Of Injury - State		38a. City Or Town <u>Griffith</u>		38b. Street & Number				38c. Apt. No.		38d. Zip Code	
39. Describe How Injury Occurred						40. If Transportation Injury, Specify: <input type="checkbox"/> Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Driver (Specify)					
41. Signature Of Person Certifying Cause Of Death: 						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 Dr. Nathaniel Ross 1619 W 5th Ave Gary, IN 46404						44. License Number 01052287		45. Date Certified 5/10/2010			
46. Additional Funeral Service Provider:						47. *Akas:					
48. Signature of Local Health Officer: 						49. For Registrar Only - Date Filed (Month/Day/Year): MAY 13 2010		11-1P CS			

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STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD  
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RECORDER