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INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH



Local No. 10-0466

45-08-12-204-020-000-004

State No. 20100538585

1. Decedent's Legal Name (First, Middle, Last) Lawrence A. Gunn				1a. Maiden Last Name (If Female) N/A		2. Sex Male		3. Time Of Death 12:20 a.m.		4. Date Of Death (Month/Day/Year) September 28, 2010			
5. Social Security Number 313-64-0653		6a. Age - Yrs 53		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) May 30, 1957				8. Birthplace (City And State Or Foreign Country) Gary, Indiana									
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 checked="" 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 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 Laretta Gunn				15a. (If Wife) Give Maiden Last Name Lucas				16. Decedent's Usual Occupation Craneman		17. Kind Of Business/Industry Mittal Steel			
18. Residence - State Indiana			18a. County Lake			18b. City Or Town Gary							
18c. Street And Number 4308 East 11th Avenue				18d. Apt. No.		18e. Zip Code 46405		18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
19. Decedent's Education 12th Grade				20. Decedent Of Hispanic Origin NO				21. Decedent's Race Black					
22. Father's Name (First, Middle, Last) Samuel Gunn				23. Mother's Name (First, Middle, Last) Jessie Gunn				23a. Mother's Maiden Last Name Jackson					
24. Informant's Name Laretta Gunn				24a. Relationship To Decedent ← Wife →		24b. Mailing Address (Street And Number, City, State, Zip Code) 4308 East 11th Avenue Gary, Indiana 46403							
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 4, 2010 Evergreen Cemetery				25c. Location - City, Town, And State Hobart, 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>Valerie J. Broad</i>					
27c. License Number (Of Licensee) #08700646						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>Acute congestive heart failure</u> minutes B. <u>metastatic cancer</u> months C. _____ D. _____ Due To (Or As A Consequence Of):							
28. 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No		30. Were Autopsy Findings Available To Complete The Cause Of Death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input checked="" 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 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) OCT 08 2010				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"/> Pedestrian <input type="checkbox"/> Other (Specify)							
41. Signature Of Person Certifying Cause Of Death: <i>James Bryant MD</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: James Bryant MD 333 N. Michigan Chicago 60601						44. License Number 01048374A		45. Date Certified 9-30-10					
46. Additional Funeral Service Provider						47. *Akas: <i>CS</i>							
48. Signature Of Local Health Officer: <i>R. H. Adams</i>						49. For Registrar Only - Date Filed (Month/Day/Year): OCT 01 2010 <i>11 00 130</i>							