



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Local No. #10-594 Parcel # 45-08-08-478-025.000-004 State No. 2010073049

1 Decedent's Legal Name (First, Middle, Last): Eddie Lee Thomas Sr.
2a Maiden Last Name (if Female): N/A
2 Sex: Male
3 Time Of Death: 8:15 am
4 Date Of Death (Month/Day/Year): November 27, 2010

5 Social Security Number: 426-70-2785
6a Age - Yrs: 74
6b Under 1 Year:
6c Under 1 Month:
6d Under 1 Day:
6e Under 1 Hour:
7 Date Of Birth (Month/Day/Year): May 21, 1936
8 Birthplace (City, State Or Foreign Country): Hollandale, Mississippi

9 Ever In U.S. Armed Forces?
10 If Death Occurred In A Hospital:
10a If Death Occurred Somewhere Other Than A Hospital:
11 Facility Name (If Not Institution, Give Street And Number): Methodist Hospital Northlake

12 City Or Town, State, And Zip Code: Cary, Indiana
13 County Of Death: Lake
14 Marital Status At Time Of Death: Married

15 Surviving Spouse's Name: Louise Thomas
15a If Wife (Give Maiden Last Name): Coats
16 Decedent's Usual Occupation: Mechanic
17 Kind Of Business/Industry: City of Gary

18 Residence - State: Indiana
18a County: Lake
18b City Or Town: Gary

18c Street And Number: 1968 Hayes Street
18d Apt No:
18e Zip Code: 46404
18f Inside City Limits? XXX

19 Decedent's Education: 7th Grade
20 Decedent Of Hispanic Origin: NO
21 Decedent's Race: Black

22 Father's Name (First, Middle, Last): Joe Dutch Thomas
23 Mother's Name (First, Middle, Last): Sadie Lee Thomas
23a Mother's Maiden Last Name: Brown

24 Informant's Name: Edna Anderson
24a Relationship To Decedent: Daughter
24b Mailing Address (Street And Number, City, State, Zip Code): 1968 Hayes Street Gary, Indiana 46404

25 Place Of Disposition:
25a Method Of Disposition:
25b Place Of Disposition (Name Of Cemetery, Crematory, Other Place): December 3, 2010 Oak Hill Cemetery
25c Location - City, Town, And State: Gary, Indiana

26 Was Coroner Contacted?
27 Name And Complete Address Of Funeral Facility: Guy & Allen Funeral Directors, Inc 2959 West 11th Avenue Gary, Indiana 46404

27b Signature Of Indiana Funeral Service Licensee
27c License Number (If Available): #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 ANOXIC ENCEPHALOPATHY
B Ventricular Fibrillation
C Coronary Artery Disease
D Congestive Heart Failure

Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I: Hypertensive Heart Disease, Deep Venous Thrombosis

31 Did Tobacco Use Contribute To Death?
32 If Female:
33 Manner Of Death: Natural

34 Date Of Injury (Month/Day/Year):
35 Type Of Injury:
36 Place Of Injury (E.G. Decedent's Home, Construction Site, Restaurant, Wooded Area):
37 Injury At Work?
38a City Or Town:
38b Street & Number:
38c Apt. No:
38d Zip Code:

39 Describe How Injury Occurred:
40 If Transportation Injury, Specify:
41 Signature Of Person Certifying Cause Of Death:
42 Certifier (Check Only One): Certifying Physician

43 Name, Address And Zip Code Of Person Certifying Cause Of Death: Adolphus A. Anekwe, M.D. 3195 Broadway, Gary, IN 46409
44 License Number: 010-36654
45 Date Certified: 11-29-10

46 Additional Funeral Service Provider:
47 \*Akas:
48 For Registrar Only - Date Filed (Month/Day/Year): DEC 06 2010

49 Signature of Local Health Officer: R. H. Adams

50 State Form 10110 (R7/9-07) ATTENTION: ESTATE. The Social Security Administration requires a copy of this certificate to be submitted to them within 30 days of the date of death.

FILED DEC 09 2010 PEGGY HOLINGA KATONA LAKE COUNTY AUDITOR