

3CC



INDIANA STATE DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH

#10-511

Local No. ....

State No. ....

1. Decedent's Legal Name (First, Middle, Last) <b>Dennis Ivey</b>				1a. Maiden Last Name (If Female) <b>N/A</b>		2. Sex <b>Male</b>		3. Time Of Death <b>11:03pm</b>		4. Date Of Death (Month/Day/Year) <b>October 22, 2010</b>		
5. Social Security Number <b>725-01-9331</b>		6a. Age - Yrs <b>82</b>		6b. Under 1 Year Months		6c. Under 1 Month Days		6d. Under 1 Day Hours		6e. Under 1 Hour Minutes		
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) <b>Methodist Hospital Northlake</b>												
12. City Or Town, State, And Zip Code <b>Gary, Indiana</b>						13. County Of Death <b>Lake</b>			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 <b>Gladys Ivey</b>				15a. (If Wife) Give Maiden Last Name <b>Alford</b>				16. Decedent's Usual Occupation <b>Pastor</b>		17. Kind Of Business/Industry <b>New Testament Baptist Church</b>		
18. Residence - State <b>Indiana</b>			18a. County <b>Lake</b>			18b. City Or Town <b>Gary</b>						
18c. Street And Number <b>1047 Whitcomb Street</b>						18d. Apt. No. <b>N/A</b>		18e. Zip Code <b>46404</b>		18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
19. Decedent's Education <b>2 Years College</b>			20. Decedent Of Hispanic Origin <b>No</b>			21. Decedent's Race <b>Black</b>						
22. Father's Name (First, Middle, Last) <b>Jessie James Ivey</b>				23. Mother's Name (First, Middle, Last) <b>Eron Ivey</b>				23a. Mother's Maiden Last Name <b>Harper</b>				
24. Informant's Name <b>Gladys M. Ivey</b>			24a. Relationship To Decedent <b>Wife</b>			24b. Mailing Address (Street And Number, City, State, Zip Code) <b>1047 Whitcomb Street Gary, Indiana 46404</b>						
25. Place Of Disposition												
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) <b>October 30, 2010 Oak Hill Cemetery</b>			25c. Location - City, Town, And State <b>Gary, Indiana</b>						
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility <b>Guy &amp; Allen Funeral Directors Inc. 2959 W 11th Avenue Gary, Indiana 46404</b>						27a. Funeral Home License Number: <b>83007704</b>				
27b. Signature Of Indiana Funeral Service Licensee: <i>Naquia Adkins</i>						27c. License Number (Of Licensee) <b>#20500009</b>						
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. <b>Sudden Cardiac Death</b> Due To (Or As A Consequence Of): B. <b>Metastatic Cancer Prostate</b> Due To (Or As A Consequence Of): C. <b>Obstructive Uropathy</b> Due To (Or As A Consequence Of): D. <b>Anorexia</b> 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 Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I												
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 Within 42 Days Of Death <input type="checkbox"/> Not Pregnant, But Pregnant 43 Days To 1 Year Before Death <input type="checkbox"/> Unknown (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 (Enter Decedent's Residence, If Occurred On Site, Restaurant, Wooded Area) <b>056437 DEC 10 2010</b>				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 <b>PEGGY HULINGA KATONA LAKE COUNTY AUDITOR</b>						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>[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 <b>BENJAMIN ANTONIO MIB 650 GRANT ST., S, GARY IN 46404.</b>						44. License Number <b>01044809</b>		45. Date Certified <b>11/10/10</b>				
46. Additional Funeral Service Provider:						47. *Akas:						
48. Signature of Local Health Officer: <i>[Signature]</i>						49. For Registrar Only - Date Filed (Month/Day/Year) <b>NOV 12 2010</b> <b>11:00 267127 LR</b>						

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STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD  
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