

* ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pursue its statutory responsibility. Disclosure is voluntary and there will be no penalty for refusal.

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

Local No. 1861-01

State No. 45-03027-129-027-000-024

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-37-1-10

128156
TYPE/PRINT
IN
PERMANENT
BLACK INK

1 DECEASED—NAME (First, Middle, Last) Eugene Williams III		2 SEX Male	3a TIME OF DEATH 8:55A M	3b DATE OF DEATH (Month, Day, Yr.) August 13, 2001	
4 SOCIAL SECURITY NUMBER 316-24-6663	5 AGE Last Birthday 77 4 14	5a UNDER 1 YEAR Months Days	5c OVER 1 YEAR Hours Minutes	6 DATE OF BIRTH (Month, Day, Yr.) Nov. 22, 1929	
7 BIRTHPLACE (City and State or Foreign Country) East Chicago, IN.	8a WAS DECEDENT A U.S. VETERAN? NO				
8b YEAR LAST SERVED IN U.S. ARMED FORCES? N/A		9a PLACE OF DEATH (Check only one. See instructions) HOSPITAL <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence			
9b FACILITY NAME (If not institution, give street and number) Community Hospital		9c CITY, TOWN, OR LOCATION OF DEATH Munster	9d COUNTY OF DEATH Lake		
10 MARITAL STATUS Married	11 SURVIVING SPOUSE (If wife, give maiden name) Eva Williams	12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Police Officer		12b KIND OF BUSINESS/INDUSTRY City of E.C.	
13a RESIDENCE—STATE Indiana	13b COUNTY Lake	13c CITY, TOWN OR LOCATION East Chicago	13d STREET AND NUMBER 2114 Cardinal Dr.		
13e ZIP CODE 46312	13f INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	14 CITIZEN OF WHAT COUNTRY? USA	15 WAS DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc.)	16 RACE—American Indian, Black, White, etc. (Specify) Black	
17 DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (10-12) <input type="checkbox"/> College (1-4 or 5+) <input type="checkbox"/> 2		18 FATHER'S NAME (First, Middle, Last) Eugene Williams Jr.			
19 MOTHER'S NAME (First, Middle, Maiden Surname) Maggie Davidson		20a INFORMANT'S NAME (Type/Print) Eva Williams			
20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2114 Cardinal Dr. E.C. IN 46312		20c Relationship Wife			
21a METHOD OF DISPOSITION <input type="checkbox"/> Entombment <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		21b DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) August 18, 2001 Evergreen Memorial Park		21c LOCATION—City or Town, State Hobart, Indiana	
22a EMBALMER'S NAME Samuel Smith, Jr.		22b EMBALMER'S LICENSE NO. 01019692	23 WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
24a SIGNATURE OF FUNERAL DIRECTOR <i>Samuel Smith, Jr.</i>		24b LICENSE NUMBER (of Licensee) 01019692	25 NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Divinity Funeral Home 83001570 3820 Pulaski St. E.C. IN. 46312		
26 PART I Enter the diseases, injuries, or complications that caused the death. Do not enter nonspecific terms, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death					
IMMEDIATE CAUSE (Final disease or condition resulting in death) a <i>ISCHEMIC CARDIOMYOPATHY</i> DUE TO (OR AS A CONSEQUENCE OF) b <i>CONGESTIVE HEART FAILURE</i> DUE TO (OR AS A CONSEQUENCE OF) c _____ DUE TO (OR AS A CONSEQUENCE OF) d _____					
PART II: Other significant conditions - Conditions contributing to death but not previously stated in Part I					
27 WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) <input checked="" type="checkbox"/> No		28a WAS AN AUTOPSY PERFORMED? (Yes or no) <input checked="" type="checkbox"/> No	28b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) <input checked="" type="checkbox"/> No		
29a CERTIFIER (Check only one) <input checked="" type="checkbox"/> CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated. <input type="checkbox"/> HEALTH OFFICER On the basis of examination and/or investigation in my opinion, death occurred at the time, date, and place, and due to the cause(s) as stated. <input type="checkbox"/> CORONER On the basis of examination and/or investigation in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner as stated.					
29b SIGNATURE AND TITLE OF CERTIFIER <i>Sheldon MD</i>		29c MEDICAL LICENSE NO. 01049668	29d DATE SIGNED (Month, Day, Year) 8/21/01		
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) SHELDON LEWIS MD 364 RIDGEBIRD HIGHLAND IN 46322					
31 HEALTH OFFICER'S SIGNATURE <i>Susan W. But</i>		32 DATE FILED (Month, Day, Year) August 22, 2001			
33 MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Homicide		34a DATE OF INJURY (Month, Day, Year)	34b TIME OF INJURY	34c INJURY AT WORK? (Yes or no)	34d DESCRIBE HOW INJURY OCCURRED
34a PLACE OF INJURY—At home, farm, street, factory, office, building, etc. (Specify)		34f LOCATION (Street and Number, or Rural Route Number, City or Town, State) PEGGY KULANGA KATONA LAKE COUNTY AUDITOR			
34g DATE PRONOUNCED DEAD (Month, Day, Year)		34h MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.			

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

FILED
DEC 28 2010
PEGGY KULANGA KATONA
LAKE COUNTY AUDITOR
056963