

INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH



Local No. 3165-10 Resubmit

State No.

1 Decedent's Legal Name (First, Middle, Last) Alfred Brooks Jr.				1a. Maiden Last Name (If Female) N/A		2 Sex Male		3 Time Of Death 10:35 am		4 Date Of Death (Month/Day/Year) August 27, 2010	
5 Social Security Number 435-34-1226		6a Age - Yrs 80		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) March 12, 1930		8 Birthplace (City And State Or Foreign Country) Naomi, Louisiana									
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 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 Southlake											
12 City Or Town, State, And Zip Code Merrillville, 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 Irene Brooks				15a (If Wife) Give Maiden Last Name Taylor		16 Decedent's Usual Occupation Plasterer			17 Kind Of Business/Industry Gary Community School		
18 Residence - State Indiana			18a County Lake			18b. City Or Town Gary					
18c Street And Number 863 Charles Hawkins Drive				18d Apt No		18e Zip Code 46407		18f Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		18g XXX No	
19 Decedent's Education 8th Grade			20 Decedent Of Hispanic Origin NO			21 Decedent's Race Black					
22 Father's Name (First, Middle, Last) Alfred Brooks Sr.				23 Mother's Name (First, Middle, Last) Mable Brooks				23a Mother's Maiden Last Name King			
24 Informant's Name Irene Brooks			24a Relationship To Decedent Wife			24b Mailing Address (Street And Number, City, State, Zip Code) 863 Charles Hawkins Drive Gary, Indiana 46407					
25. Place Of Disposition											
25a Method Of Disposition <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input checked="" type="checkbox"/> Entombment <input type="checkbox"/> Removal From State <input type="checkbox"/> Other (Specify)		25b Place Of Disposition (Name Of Cemetery, Crematory, Other Place) September 3, 2010 Calumet Park Cemetery				25c Location - City, Town, And State Merrillville, 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>Carmelita</i>		27c License Number (Of Licensee): #2970007				27d Recorder's Name MAN					
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. Coscho pulmonary arrest Due To (Or As A Consequence Of)											
B. Cholangiocarcinoma Due To (Or As A Consequence Of)											
C. Zoencidico Due To (Or As A Consequence Of)											
D.											
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 type="checkbox"/> Unknown If Pregnant Within The Past Year				33 Manner Of Death. <input 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 (E.G., Decedent's Home, Construction Site, Restaurant, Wooded Area)				37 Injury At Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
38. Location Of Injury - State		38a City Or Town		38b Street & Number				38c 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>Surendra J. Shah</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 Surendra J. Shah 5825 Broadway Merrillville, IN 46454					
44 License Number 01032180						45 Date Certified 09/09/10					
46 Additional Funeral Service Provider EGGY HOLINGA KATONA LAKE COUNTY AUDITOR						47 *Akas					
48 Signature of Local Health Officer <i>Susan W. Best, D.O.</i>						49 For Registrar Only - Date Filed (Month/Day/Year) September 13, 2010					