



INDIANA STATE DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH

45-18-34-107-123.000.007

Local No. #08-221

State No.

1. Decedent's Legal Name (First, Middle, Last) Henry L. Scott				1a. Maiden Last Name (If Female) N/A		2. Sex Male	3. Time Of Death 11:35 PM	4. Date Of Death (Month/Day) April 28, 2		
5. Social Security Number 264-50-5416	6a. Age - Yrs 71	6b. Under 1 Year	6c. Under 1 Month	6d. Under 1 Day	6e. Under 1 Hour	7. Date Of Birth (Month/Day/Year) May 3, 1936	8. Birthplace (City And State Or Foreign Country) Leland, Mississippi			
9. Ever In U.S. Armed Forces? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>		10. If Death Occurred In A Hospital: <input 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 checked="" 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) 4666 Maryland Street										
12. City Or Town, State, And Zip Code Gary, Indiana 46409					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 Hope Scott			15a. (If Wife) Give Maiden Last Name Richardson		16. Decedent's Usual Occupation Coil Wrapper		17. Kind Of Business/Industry U S Steel Corp.			
16. Residence - State Indiana		18a. County Lake		18b. City Or Town Gary						
18c. Street And Number 4666 Maryland Street				18d. Apt. No.	18e. Zip Code 46409		18f. Inside City? <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) George Scott Sr.				23. Mother's Name (First, Middle, Last) Lugenia Johnson		23a. Mother's Maiden Last Name Bush				
24. Informant's Name Hope Scott		24a. Relationship To Decedent Wife		24b. Mailing Address (Street And Number, City, State, Zip Code) 4666 Maryland Street Gary, Indiana 46409						
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) May 3, 2008 Oak Hill Cemetery			25c. Location - City, Town, And State Gary, Indiana					
26. Was Coroner Contacted? <input checked="" type="checkbox"/> Yes <input 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 No. 83007704			
27b. Signature Of Indiana Funeral Service Licensee: <i>Tom Redden</i>					27c. License Number (Of Licensee): #20500009					
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. Lung Cancer 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 B. C. 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		Approximate Interval To Death 2011 MAY 23 PM 2:39		
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"/> Pregnant Or 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	
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		38c. Apt. No.		38d. Zip Code		\$11		
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) CS				
41. Signature, Of Person Certifying Cause Of Death: <i>Gregory N. Nw...</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: Gregory N. Nw... 5535 Broadway Gary Indiana 46409						44. License Number 01033011		45. Date Certified 4/30/08		
46. Additional Funeral Service Provider:						47. *Akas				
48. Signature of Local Health Officer: <i>R. Adams</i>						49. For Registrar Only - Date Filed (Month/Day/Year) MAY 02 2008				

Document is the property of  
REGGIE HOISINGA KATON  
LAKE COUNTY AUDITOR  
MAY 1 2008