



# NOT AN OFFICIAL DOCUMENT

"I AFFIRM, UNDER THE PENALTIES FOR PERJURY THAT I HAVE TAKEN REASONABLE CARE TO REDACT EACH SOCIAL SECURITY NUMBER IN THIS DOCUMENT, UNLESS REQUIRED BY LAW."  
PREPARED BY: BCV

Property of Lake County Recorder

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## INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Local No. 09 0633

State No. \_\_\_\_\_

1. Decedent's Legal Name (First, Middle, Last) <b>BENJAMIN P. DEAR SR</b>		1a. Maiden Last Name (if Female)		2. Sex <b>M</b>	3. Time Of Death <b>7:45 P.M.</b>	4. Date Of Death (Month/Day/Year) <b>DECEMBER 27, 2009</b>	
5. Social Security Number <b>90</b>	6a. Age, Yes Months	6b. Under 1 Year Days	6c. Under 1 Month Hours	6d. Under 1 Day Minutes	7. Date Of Birth (Month/Day/Year) <b>April 28, 1919</b>	8. Birthplace (City And State Or Foreign Country) <b>MUSKOGEE, OKLAHOMA</b>	
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 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>877 LOUISIANA ST</b>							
12. City Or Town, State, And Zip Code <b>GARY, INDIANA, 46402</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>GERTRUDE DEAR</b>			15a. (if Wife) Give Maiden Last Name <b>FARMER</b>		16. Decedent's Usual Occupation <b>FURNACE MAN</b>		17. Kind Of Business/Industry <b>STEEL MILL</b>
18. Residence - State <b>INDIANA</b>		18a. County <b>LAKE</b>		18b. City Or Town <b>GARY</b>		18c. 1000' Grid City Limits? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
19. Decedent's Education <b>High school graduate or GED completed</b>		20. Decedent Of Hispanic Origin <b>No, not Spanish/Hispanic/Latino</b>		21. Decedent's Race <b>Black or African American</b>			
22. Father's Name (First, Middle, Last) <b>MONROE DEAR</b>			23. Mother's Name (First, Middle, Last) <b>HESTER ANN</b>			23a. Mother's Maiden Last Name <b>CLAY</b>	
24. Informant's Name <b>GERTRUDE DEAR</b>		24a. Relationship To Decedent <b>WIFE</b>		24b. Mailing Address (Street And Number, City, State, Zip Code) <b>877 LOUISIANA STREET GARY, INDIANA, 46402</b>			
25a. Method Of Disposition <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>HEIGHTS CREMATORY</b>		25c. Place Of Disposition (City, Town, And State) <b>CHICAGO, ILLINOIS</b>			
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility <b>POWELL-COLEMAN FUNERAL HOME 3200 W. 15TH AVE GARY, INDIANA, 46404</b>				27a. Funeral Home License Number: <b>FH10800011</b>	
27b. Signature Of Indiana Funeral Service Licensee: <i>Bonnie E. Juggles</i>		27c. License Number (Of Licensee) <b>FD09200084</b>					
<b>Cause Of Death (See Instructions And Examples)</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) 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							
A		B				C	
<i>Cardiomyopathy arrest</i>		<i>Cerebral</i>				<i>Anemia</i>	
Due To (Or As A Consequence Of)		Due To (Or As A Consequence Of)				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 <i>Coronary Artery Disease</i>							
29. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		30. Were Autopsy Results Available To Correlate The Cause Of Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
31. One Tobacco Use Contributes To Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input 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		33. Manner Of Death: <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Assault <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could Not Be Determined		34. Injury At Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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?	
38. Location Of Injury - State		38a. City Or Town		38b. Street & Number		38c. Apt. No. 38d. 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>[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: <i>Michael H. Hensley, MD 200 E. 80th St Merrillville, IN 46410</i>				44. License Number <i>010335114</i>		45. Date Certified <i>1:14:10</i>	
46. Additional Funeral Service Provider: <i>[Signature]</i>				47. *Ann:			
48. Signature of Local Health Officer: <i>[Signature]</i>				49. For Registrar Only - Date Filed (Month/Day/Year): <b>JAN 19 2010</b>			

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Property of Lake County Recorder

CERTIFIED BY  
*R. [Signature]*  
HEALTH COMMISSIONER  
CITY OF GARY, IND.  
DATE JAN 19 2010