



NOT AN OFFICIAL DOCUMENT

INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Local No 002274

EDR No 00000211072

State No 032778

1. Decedent's Legal Name (First, Middle, Last) JAMES W THOMAS				1a. Maiden Name (If female)		2. Sex MALE		3. Time of Death 07:55 AM		4. Date of Death (Month/Day/Year) 07/25/2011			
5. Social Security Number 68		6a. Age - Yrs 68		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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		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 checked="" type="checkbox"/> Other (Specify)		7. Date of Birth (Month/Day/Year) 03/26/1943		8. Birthplace (City and State or Foreign Country) BALDWIN, MS					
11. Facility Name (If Not Institution, Give Street and Number) 2600 MICHIGAN AVENUE										12. City Or Town, State, And Zip Code HAMMOND, IN, 46320			
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 LUELLA THOMAS		15a. (If Wife) Give Maiden Last Name O'NEAL		16. Decedent's Usual Occupation INSPECTOR	
17. Kind Of Business/Industry ARCELOR MITTAL		18. Residence - State INDIANA		18a. County LAKE		18b. City Or Town GARY		18c. Street And Number 2058 RHODE ISLAND STREET		18d. Apt. No.			
18e. Zip Code 46407		18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		19. Decedent's Education ASSOCIATE DEGREE (AA, AS)		20. Decedent Of Hispanic Origin NOT HISPANIC		21. Decedent's Race Black or African American					
22. Father's Name (First, Middle, Last) JOHN THOMAS				23. Mother's Name (First, Middle, Last) JOSEPHINE THOMAS				23a. Mother's Maiden Last Name ROWAN					
24. Informant's Name LUELLA THOMAS		24a. Relationship To Decedent WIFE		24b. Mailing Address (Street And Number, City, State, Zip Code) 2058 WEST RHODE ISLAND STREET, GARY, IN 46407									
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) OAK HILL CEMETERY		25c. Location - City, Town, And State GARY, IN									
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, 2959 WEST 11TH AVENUE, GARY, IN 46404		27a. Funeral Home License Number: FH83007704									
27b. Signature Of Indiana Funeral Service Licensee TAQUA BLEVINS, BY ELECTRONIC SIGNATURE		27c. License Number (Of Licensee) FD20500009		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. EXTENSIVE BURNS AND CHARRED BODY CONTINUATION OF THORACIC SPINE TRACTION OF CHEST DUE TO BLUNT FORCE TRAUMA									
28. 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No		30. Were Autopsy Findings Available To Complete The Cause Of Death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No									
31. Did Tobacco Use Contribute To Death? <input checked="" 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 43 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. Marginal Or Death: <input type="checkbox"/> Nasal <input type="checkbox"/> Iperoxide <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) 07/25/2011		35. Time Of Injury 07:55 AM		36. Place Of Injury (E.G., Decedent's Home, Construction Site, Restaurant, Wooded Area) INSIDE VEHICLE		37. Injury At Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
38. Location Of Injury - State INDIANA		38a. City Or Town HAMMOND		38b. Street & Number 2600 MICHIGAN AVENUE		38c. Apt. No.		38d. Zip Code					
39. Describe How Injury Occurred AUTO ACCIDENT		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 JACQUELINE DECHANTAL, BY ELECTRONIC SIGNATURE		42. Certifier (Check Only One) <input type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer		44. License Number		45. Date Certified 07/27/2011			
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: JACQUELINE DECHANTAL, 2900 W. 93RD AVE., CROWN POINT, IN 46307		46. Additional Funeral Service Provider:		47. *Akas:		48. Signature of Local Health Officer SUSAN W. BEST, VIA ELECTRONIC SIGNATURE		49. For Registrar Only - Date Filed (Month/Day/Year) JUL 28 2011					

AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)