





# NOT AN OFFICIAL DOCUMENT

## INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Local No 000539

EDR No 00000293290

State No

1. Decedent's Legal Name (First, Middle, Last) <b>OLIVIA BRITTON</b>		19. Maiden Name (if female) <b>JONES</b>		2. Sex <b>FEMALE</b>		3. Time Of Death <b>03:58 PM</b>		4. Date Of Death (Month/Day/Year) <b>12/02/2012</b>	
5. Social Security Number <b>[REDACTED]</b>		6a. Age - Yrs <b>71</b>		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) <b>11/22/1941</b>		8. Birthplace (City and State or Foreign Country) <b>CHICAGO, IL</b>					
9. Ever in U.S. Armed Forces? <input type="checkbox"/> Yes <input checked="" 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) <b>METHODIST HOSPITAL NORTHLAKE</b>									
12. City Or Town, State, and Zip Code <b>GARY, IN, 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>JAMES E BRITTON</b>			15a. (If Wife) Give Maiden Last Name			16. Decedent's Usual Occupation <b>HOMEMAKER</b>		17. Kind Of Business/Industry <b>HOME</b>	
18. Residence - State <b>INDIANA</b>		18a. County <b>LAKE</b>		18b. City Or Town <b>GARY</b>		18c. Street And Number <b>2147 KENTUCKY STREET</b>		18d. Apt. No.	
18e. Zip Code <b>46407</b>		18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							
19. Decedent's Education <b>9TH - 12TH GRADE; NO DIPLOMA</b>		20. Decedent Of Hispanic Origin <b>NOT HISPANIC</b>		21. Decedent's Race <b>Black or African American</b>					
22. Father's Name (First, Middle, Last) <b>WILLIAM L JONES</b>		23. Mother's Name (First, Middle, Last) <b>CARDIA B JONES</b>		23a. Mother's Maiden Last Name <b>CULLINS</b>					
24. Informant's Name <b>JAMES E BRITTON</b>		24a. Relationship To Decedent <b>HUSBAND</b>		24b. Mailing Address (Street And Number, City, State, Zip Code) <b>2147 KENTUCKY STREET, GARY, IN 46407</b>					
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) <b>EVERGREEN MEMORIAL PARK</b>		25c. Place Of Disposition <b>HOBART, IN</b>					
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility <b>GUY &amp; ALLEN FUNERAL DIRECTORS, 2959 WEST 11TH AVENUE, GARY, IN 46404</b>		27a. Funeral Home License Number: <b>FH83007704</b>					
27b. Signature Of Indiana Funeral Service Licensee: <b>TAQUA BLEVINS, BY ELECTRONIC SIGNATURE</b>		27c. License Number (Of Licensee): <b>FD20500009</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)									
A. <b>RESPIRATORY FAILURE DISTRESS</b>									
B. <b>WOUND SEPSIS</b>									
C. <b>MULTIPLE DECBUTUS ULCER</b>									
D. <b>PULMONARY TUMOR</b>									
29. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No									
30. Where Autopsy Finding 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 checked="" 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"/> Unknown (If 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		37. 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)		38. Zip Code			
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: <b>GEOFFREY O ONYEUKWU, BY ELECTRONIC SIGNATURE</b>						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: <b>GEOFFREY O ONYEUKWU, 2010 E COLUMBUS DR, EAST CHICAGO, IN 46312</b>						44. License Number <b>01043017A</b>		45. Date Certified <b>01/11/2013</b>	
46. Additional Funeral Service Provider:						47. *Attn:			
48. Signature of Local Health Officer: <b>ROLAND H WALKER, VIA ELECTRONIC SIGNATURE</b>						49. For Registrar Only - Date Filed (Month/Day/Year): <b>JAN 14 2013</b>			
AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)									

NOT AN OFFICIAL DOCUMENT

1-18-2013  
SOUTH COMMISSIONERS  
OFFICE OF CLERK  
LAKE COUNTY, INDIANA  
CERTIFIED BY  
*Robert A. Smith, Jr.*

Property of Lake County Recorder

