

TYPE OR PRINT  
PLAINLY WITH  
UNFADING INK  
THIS IS A  
PERMANENT  
RECORD

766903

Local No. 82-0781

INDIANA STATE BOARD OF HEALTH  
CORONER'S CERTIFICATE OF DEATH

Thomas V. Davies  
State 1109 Broadway  
No. Jersey

TYPE OR PRINT  
IN  
PERMANENT  
INK  
FOR  
INSTRUCTIONS  
SEE  
HANDBOOK

DECEASED

IF DEATH  
OCCURRED IN  
INSTITUTION,  
SEE HANDBOOK  
REGARDING  
COMPLETION OF  
RESIDENCE ITEMS.

PARENTS

DISPOSITION

CERTIFIER

CONDITIONS  
IF ANY  
WHICH GAVE  
RISE TO  
IMMEDIATE  
CAUSE  
STATING THE  
UNDERLYING  
CAUSE LAST

CAUSE

FUNERAL HOME  
No. 770  
FUNERAL DIRECTOR'S  
LICENSE No. 270  
EMBALMER'S NAME: Roosevelt Allen  
FUNERAL DIRECTOR'S  
SIGNATURE: *Thomas V. Davies*

DECEASED—NAME 1. <b>Karl L. Mahone Jr.</b>		SEX 2. <b>Male</b>	DATE OF DEATH (MONTH, DAY, YEAR) 3. <b>Nov. 15, 1982</b>
RACE—(In U.S. White, Black, American Indian, etc.) (Specify) 4. <b>Black</b>	AGE—(In Years) (Mo. Da. Yr.) 5a. <b>34</b>	UNDER 1 YEAR MO. DATE 6a. <b>11/10/1948</b>	UNDER 1 DAY HOURS MIN. 6b. <b>11/10/1948</b>
CITY, TOWN OR LOCATION OF DEATH 7a. <b>Gary</b>		HOSPITAL OR OTHER INSTITUTION—(Name if not in above, give street and number) 7b. <b>2115 W. 15th Ave.</b>	
STATE OF BIRTH (If not in U.S.A. name country) 8. <b>Indiana</b>	CITIZEN OF WHAT COUNTRY 9. <b>U.S.A.</b>	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 10. <b>Married</b>	SURVIVING SPOUSE (If with, give maiden name) 11. <b>Patrice A. Jordan</b>
SOCIAL SECURITY NUMBER 12. <b>314-72-3446</b>		USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 14a. <b>Systems Analyst</b>	KIND OF BUSINESS OR INDUSTRY 14b. <b>Rost Tribune</b>
RESIDENCE—STATE 15a. <b>Indiana</b>	COUNTY 15b. <b>Lake</b>	CITY, TOWN OR LOCATION 15c. <b>Gary</b>	
STREET AND NUMBER 16a. <b>700 North Ripley Street</b>		IS RESIDENCE ON A FARM? 16b. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. 18a. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
FATHER—NAME 18. <b>Karl Mahone Sr.</b>		MOTHER—MAIDEN NAME 17. <b>Eddie Lee Green</b>	
INFORMANT—NAME RELATIONSHIP 19a. <b>Patrice A. Mahone (Wife)</b>		MAILING ADDRESS STREET OR R.F.D. NO. CITY OR TOWN STATE 19b. <b>700 North Ripley St. Gary, Indiana 46403</b>	
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19c. <b>Burial</b>		CEMETERY OR CREMATORY—FUNERAL HOME LOCATION CITY OR TOWN STATE 19d. <b>Evergreen Cemetery Hobart, Indiana</b>	
DATE (MONTH, DAY, YEAR) 20a. <b>11/20/82</b>		FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 20b. <b>Guy &amp; Allen Funeral Home, 2959 W. 11th, Gary, IN</b>	
On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the following cause: 21a. Signature: <i>Albert T. Willard</i> NAME AND ADDRESS OF CERTIFIER (Type or Print) 21b. <b>ALBERT T. WILLARD, M.D., 2293 NORTH MAIN ST., CROWN POINT, IN. 46307</b>		DATE SIGNED (Mo., Day, Yr.) 21c. <b>11-19-82</b>	HOUR OF DEATH 21d. <b>7:38 p.</b>
HEALTH OFFICER—(Signature) <i>H. Caldwell</i>		DATE RECEIVED BY LOCAL HEALTH OFFICER <b>NOV. 29 1982</b>	
PART I (a) IMMEDIATE CAUSE <b>Laceration of liver</b>		Interval between onset and death <b>Undetermined</b>	
DUE TO, OR AS A CONSEQUENCE OF: (b) <b>Gunshot wound to chest</b>		Interval between onset and death	
DUE TO OR AS A CONSEQUENCE OF: (c) <b>JUL 30 1984</b>		Interval between onset and death	
PART II OTHER SIGNIFICANT CONDITIONS—(Conditions contributing to death but not related to cause given in PART I (a))		AUTOPSY (Specify Yes or No) 24. <b>Yes</b>	
ACC. SUICIDE, HOMICIDE, UNDET., OR PENDING INVEST. (Specify) 25a. <b>Homicide</b>	DATE OF INJURY (Mo., Day, Yr.) 25b. <b>11/15/82</b>	HOUR OF INJURY 25c. <b>M</b>	DESCRIBE HOW INJURY OCCURRED: 25d. <b>Gunshot wound</b>
INJURY AT WORK (Specify Yes or No) 26a. <b>No</b>	PLACE OF INJURY—(At home, farm, street, factory, office building, etc.) (Specify) 26b. <b>Sidewalk</b>	LOCATION 26c. <b>2115 W. 15th, Gary, IN</b>	CITY OR TOWN STATE 26d. <b>GARY, IN</b>

WILLIAM GREEN  
RECORDED  
JUL 31 1984  
INDIANA  
STATE BOARD OF HEALTH  
CORONER'S OFFICE  
GREEN

Disposition Permit  
Issued  
Provisional  
Certificate  
 Yes  No

1402 A  
460/16

000007

CERTIFIED COPY

HEALTH COMMISSIONER  
CITY OF GARY, IND.

DATE JUL 27 1984