

Gladys Grayson, being first duly sworn upon her oath says that she is the affiant in the above entitled action, that she has read and examined said Affidavit and that the matters and things set out herein are true to the best of her knowledge and belief.

Gladys Grayson
Gladys Grayson

Subscribed and sworn to before me, a Notary Public, this 13th day of January, 1987.

Ernestine Elliott
Notary Public
Resident of Lake County, Indiana

My Commission Expires:

10-29-88

This instrument was prepared by Rudolph Val Dawson, Attorney at Law.
3926 Main Street (P.O. Box 3217) East Chicago, Indiana 46312

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PLAINLY WITH
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THIS IS A
PERMANENT
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Form for State Office Use

43-173-35
Hto 35136 R221

6 cc
HOME 270
LICENSE No. 5170
FUNERAL DIRECTOR'S LICENSE No. 659
EMBALMER'S NAME Roosevelt Allen
FUNERAL DIRECTOR'S SIGNATURE *Roosevelt Allen*

Local No. 86-0720

INDIANA STATE BOARD OF HEALTH
CORONER'S CERTIFICATE OF DEATH

State No.

DECEASED—NAME FIRST MIDDLE LAST Annie K. Sanders		SEX Female	DATE OF DEATH (MONTH DAY YEAR) , Oct. 23, 1986
RACE—(If of White, Black, American Indian, etc.) (Specify) Black	AGE—Last Birthday (Yrs) 59	DATE OF BIRTH (Mo., Day, Yr.) 2/16/1927	COUNTY OF DEATH Lake
CITY, TOWN OR LOCATION OF DEATH Gary		HOSPITAL OR OTHER INSTITUTION—(Name, # not in index, give street and number) St. Mary's Medical Center	IF HOSP OR INST Includes DOA, Of/1 (incl. 8th, 9th, 10th) (Specify) Emer/Rm.
STATE OF BIRTH (If not in U.S.A. read foreign) Miss.	CITIZEN OF WHAT COUNTRY U.S.A.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Year or Year 12) No
SECURITY NUMBER 427-54-3777	USUAL OCCUPATION (Give kind of work done during most of working life, even if retiring) Teacher		KIND OF BUSINESS OR INDUSTRY Gary Community School Corp.
RESIDENCE—STATE Indiana	CITY Lake	CITY, TOWN OR LOCATION Gary	IS RESIDENCE ON A FARM? 18a YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
STREET AND NUMBER 1033 Baker Street	IS RESIDENCE ON A FARM? 18a YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INSIDE CITY LIMITS (Specify City, Town or No.) yes
IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. 18g YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
FATHER—NAME FIRST MIDDLE LAST Frederick Mack King		MOTHER—MAIDEN NAME FIRST MIDDLE LAST Gladys Lawrence	
INFORMANT—NAME RELATIONSHIP Gladys Grayson (Daughter)	MAILING ADDRESS STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP 1033 Baker Street Gary, IN 46404		
BURIAL, CREMATION, REMOVAL, OTHER (Specify) Removal	CEMETERY OR CREMATORY—FUNERAL HOME Local	LOCATION CITY OR TOWN STATE Corinth, Miss.	
DATE (MONTH, DAY, YEAR) 10/27/86	FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) Guy & Allen Funeral Directors, Inc. 2959 W. 11th Ave. Gary, IN		
CERTIFIER 21a Signature <i>[Signature]</i> NAME AND ADDRESS OF CERTIFIER (Last or First) DANIEL D. THOMAS, M.D., 2293 NORTH MAIN ST., CROWN POINT, IN. 46307		DATE SIGNED (Mo., Day, Yr.) 10/27/86	HOUR OF DEATH 11:53 A.M.
HEALTH OFFICER—NAME <i>[Signature]</i>		DATE RECEIVED BY LOCAL HEALTH OFFICER OCT 29 1986	
23. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) PART I (a) Coronary atherosclerosis DUPLICATE TO BE FILED IN DEPARTMENT OF HEALTH (b) Marked cardiomegaly with left ventricular hypertrophy PART II (c) OTHER SIGNIFICANT CONDITIONS—Conditions contributory to death but not related to those given in PART I (a) FILED			Interval between onset and death Undetermined
CAUSE 24. ACC., SUICIDE, HOMICIDE, UNDET. OR PENDING INVEST. (Specify) Natural			AUTOPSY (Specify Yes or No) Yes
DATE OF INJURY (Mo., Day, Yr.) 28a	HOUR OF INJURY 28b	DESCRIBE HOW INJURY OCCURRED <i>[Signature]</i>	
INJURY AT WORK (Specify Yes or No) 28c	PLACE OF INJURY—(At home, farm, street, factory, office building, etc.) (Specify) 28d	LOCATION 28e	STREET OR R.F.D. NO. CITY OR TOWN STATE

RECEIVED

James T. Redick, Jr.
HEALTH COMMISSIONER
CITY OF GARY, IND.

DATE

DEC 18 1933