

097438
63

INDIANA STATE BOARD OF HEALTH
CERTIFICATE OF DEATH

Local No.

State No.

TYPE/PRINT
IN
PERMANENT
BLACK INK

| | | | | | | | |
|---|--|--|--|--|--|---|--|
| 1 DECEASED—NAME (First Middle Last) Lawrence D. Evans | | 2 SEX Male | | 3a TIME OF DEATH 11:17 A. | | 3b DATE OF DEATH (Month Day Year) March 12, 1990 | |
| 4 SOCIAL SECURITY NUMBER 05-52-0228 | | 5a AGE—Last Birthday (Years) 44 | | 5b UNDER 1 YEAR Months Days | | 5c UNDER 1 DAY Hours Minutes | |
| 6 DATE OF BIRTH (Month Day Year) Jan. 18, 1946 | | 7 BIRTHPLACE (City and State or Foreign Country) East Chicago | | | | | |
| 8a WAS DECEDENT A US VETERAN? NO | | 8b YEAR LAST SERVED IN US ARMED FORCES? N/A | | 9a PLACE OF DEATH (Check only one. See instructions) HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input checked="" type="checkbox"/> DDA OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input checked="" type="checkbox"/> Residence | | | |
| 9b FACILITY NAME (If not institution, give street and number) 3826 Deal Street | | | | 9c CITY TOWN OR LOCATION OF DEATH East Chicago | | 9d COUNTY OF DEATH Lake | |
| 10 MARITAL STATUS (Specify) Married | | 11 SURVIVING SPOUSE (If wife, give maiden name) Patricia | | 12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) SUPERVISOR | | 12b KIND OF BUSINESS/INDUSTRY CITY OF E. CHICAGO | |
| 13a RESIDENCE—STATE Indiana | | 13b COUNTY Lake | | 13c CITY, TOWN, OR LOCATION East Chicago | | 13d STREET AND NUMBER 3826 Deal Street | |
| 13e ZIP CODE 46312 | | 13f INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | | 14 CITIZEN OF WHAT COUNTRY? U.S.A. | | 15 WAS DECEDENT OF HISPANIC ORIGIN? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (If yes specify Cuban, Mexican, Puerto Rican, etc.) | |
| 16 RACE—American Indian, Black, White, etc. (Specify) Black | | 17 DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) <input type="checkbox"/> College (1-4 or 5+) 12th | | | | | |
| 18 FATHER'S NAME (First Middle Last) TONY MIELSOP | | | | 19 MOTHER'S NAME (First Middle Maiden Surname) LUCILLE EVANS | | | |
| 20a INFORMANT'S NAME (Type/Print) Patricia Evans | | | | 20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 3826 Deal Street, East Chicago, IN 46312 | | 20c Relationship Wife | |
| 21a METHOD OF DISPOSITION <input type="checkbox"/> Entombment <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify) | | | | 21b DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory or other place) Oak Hill Cemetery, Gary, Ind. | | 21c LOCATION—City or Town, State Gary, Indiana | |
| 22a EMBALMER'S NAME ROSENWALD D. ALLEN | | | | 22b EMBALMER'S LICENSE NO. #1010606 | | 23 WAS DEATH REPORTED TO CORONER? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | |
| 24a SIGNATURE OF FUNERAL DIRECTOR <i>Rosenwald D. Allen</i> | | | | 24b LICENSE NUMBER (of Licensee) #1010606 | | 25 NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Allen Funeral Home FDH#3007966 3546 Guthrie, E. Chicago, IN 46312 | |
| 26 PART I Enter the disease, injuries or complications that caused the death. Do not enter nonspecific terms such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Vascular collapse DUE TO (OR AS A CONSEQUENCE OF) Atherosclerosis & hypertensive coronary heart disease. History of diabetes. CONDITIONS, if any, which gave rise to the immediate cause stating the underlying cause last DUE TO (OR AS A CONSEQUENCE OF) APR 23 1990 | | | | | | | |
| 26 PART II Other significant conditions - Conditions contributory to death but not previously stated in Part I <i>Acute N. Intest.</i> AUDITOR LAURENCE COOPER | | | | | | | |
| 27 WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) No | | | | 28c IVAR (IN AUTOPSY) PERFORMED? (Yes or no) No | | 28b WERE ANATOMY SLIDES AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) | |
| 29a CERTIFIER (Check only one) <input type="checkbox"/> CERTIFYING PHYSICIAN To the best of my knowledge death occurred at the time, date and place and due to the cause(s) as stated <input type="checkbox"/> HEALTH OFFICER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place and due to the cause(s) as stated <input checked="" type="checkbox"/> CORONER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place and due to the cause(s) and manner as stated | | | | 29b SIGNATURE AND TITLE OF CERTIFIER <i>Daniel D. Thomas</i> | | 29c MEDICAL LICENSE NO. 16120 | |
| 29d NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH ITEM 28b (Type/Print) DANIEL D. THOMAS, M.D., CORONER, 2293 N. MAIN ST., CROWN POINT, IN. 46307 | | | | 29e DATE SIGNED (Month, Day, Year) Mar. 14, 1990 | | 30 HEALTH OFFICER'S SIGNATURE <i>C. A. Campaigne</i> | |
| 31 MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Homicide | | | | 32 DATE OF INJURY (Month, Day, Year) | | 33 DATE FILED (Month, Day, Year) 3-19-90 | |
| 34a DATE OF INJURY (Month, Day, Year) | | | | 34b TIME OF INJURY | | 34c INJURY AT WORK? (Yes or no) | |
| 34d PLACE OF INJURY—At home, farm, street, factory, office, building, etc. (Specify) | | | | 34e DESCRIBE HOW INJURY OCCURRED 001192 | | | |
| 34g DATE PRONOUNCED DEAD (Month, Day, Year) | | | | 34h MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc. | | | |

DECEDENT

PARENTS

INFORMANT

DISPOSITION

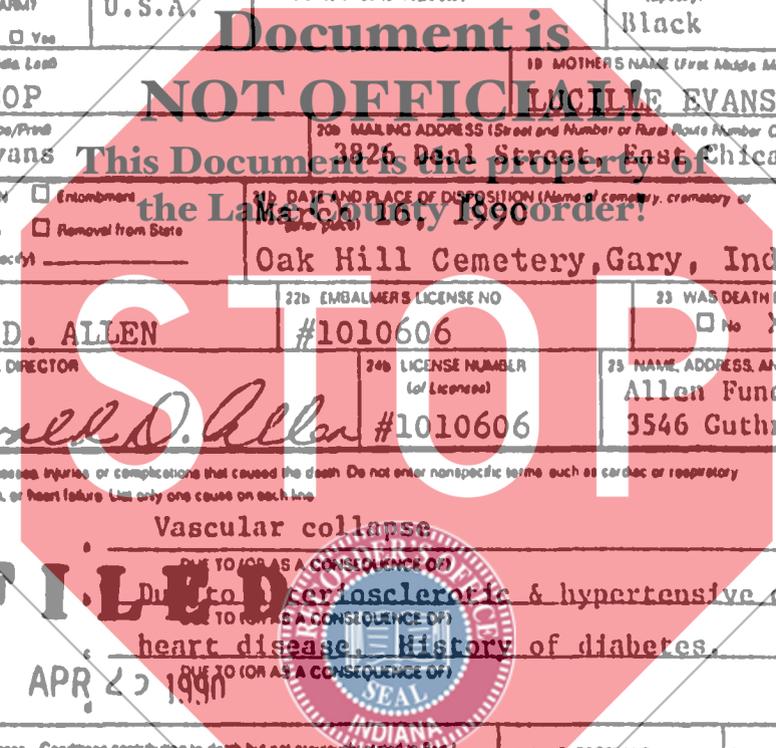
OF

CERTIFIER

HEALTH OFFICER

CORONER
SEE ONLY

30-342-223 OF 2nd Ind. Mar. 23 1990



APR 27 9 27 AM '90
ROBERT
Unknown
STATE OF INDIANA
FILED
APR 27 1990