

**PORTER COUNTY BOARD OF HEALTH  
CERTIFICATE OF DEATH**

**THIS DOCUMENT NOT VALID  
UNLESS STAMPED ON REVERSE SIDE**

91009113

Marguette Manor W. 55 ft. of Lot 65  
Key # 46-547-42, Unit # 25

Lucille Parker  
6712 Ash Pl Gary 46403

1. DECEASED—NAME (First Middle Last) <b>CARLOS TAYLOR</b>		2. SEX <b>Male</b>	3a. TIME OF DEATH <b>1:55 A.M.</b>	3b. DATE OF DEATH (Month, Day, Yr) <b>December 18, 1990</b>
4. SOCIAL SECURITY NUMBER <b>331-52-1870</b>	5a. AGE—Last Birthday (Years) <b>33</b>	5b. UNDER 1 YEAR Months Days	5c. UNDER 1 DAY Hours Minutes	6. DATE OF BIRTH (Mo, Day, Yr) <b>Oct. 14, 1957</b>
7. BIRTHPLACE (City and State or Foreign Country) <b>Chicago, Illinois</b>		8a. WAS DECEDENT A U.S. VETERAN? <b>No</b>		
8b. YEAR LAST SERVED IN US ARMED FORCES? <b>-</b>		9a. PLACE OF DEATH (Check only one See instructions) HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER: <input type="checkbox"/> Nursing Home <input checked="" type="checkbox"/> Other (Specify) <b>State Road</b>		
9b. FACILITY NAME (If not institution, give street and number) <b>Hwy. 49 Bypass North of Indian Boundry Road</b>		9c. CITY, TOWN, OR LOCATION OF DEATH <b>Chesterton</b>	9d. COUNTY OF DEATH <b>Porter</b>	
10. MARITAL STATUS (Specify) <b>Never Married</b>	11. SURVIVING SPOUSE (If wife give maiden name) <b>-</b>	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life Do not use retired) <b>Laborer</b>		12b. KIND OF BUSINESS/INDUSTRY <b>Zenith Corporation</b>
13a. RESIDENCE—STATE <b>Indiana</b>	13b. COUNTY <b>Lake</b>	13c. CITY, TOWN, OR LOCATION <b>Gary</b>	13d. STREET AND NUMBER <b>6700 Ash Avenue</b>	
13e. ZIP CODE <b>46403</b>	13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	14. CITIZEN OF WHAT COUNTRY? <b>USA</b>	15. WAS DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc.)	16. RACE—American Indian, Black, White, etc. (Specify) <b>Black</b>
17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) <b>11</b> College (13 or 16) <b>11</b>		18. FATHER'S NAME (First Middle Last) <b>Richard Taylor</b>		
19. MOTHER'S NAME (First Middle Maiden Surname) <b>Verlist Jackson</b>		20a. INFORMANT'S NAME (Type/Print) <b>Verlist Taylor</b>		
20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) <b>6700 Ash Ave., Gary, IN 46403</b>		20c. Relationship <b>Mother</b>		
21a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Entombment <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) <b>December 22, 1990 Burr Oak Cemetery</b>		21c. LOCATION—City or Town, State <b>Worth, Illinois</b>
22a. EMBALMER'S NAME <b>John A. Evans</b>		22b. EMBALMER'S LICENSE NO. <b>FD01012072</b>		23. WAS DEATH REPORTED TO CORONER? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
24a. SIGNATURE OF FUNERAL DIRECTOR <i>John A. Evans</i>		24b. LICENSE NUMBER (of licenses) <b>FD01012072</b>		25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME <b>Edmonds &amp; Evans F.H., FH83000875 517 Bdwy., Chesterton, IN 46384</b>
26. PART I: Enter the diseases, 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) <b>Fractured Cervicle Vertebra</b>		Approximate Interval Between Onset and Death <b>Immed.</b>		
DUE TO (OR AS A CONSEQUENCE OF) <b>Trauma Pedestrian Struck by Car</b>		<b>Immed.</b>		
DUE TO (OR AS A CONSEQUENCE OF)		<b>FEB 27 1991</b>		
DUE TO (OR AS A CONSEQUENCE OF)		<b>FILED</b>		
PART II: Other significant conditions: Conditions contributing to death but not previously stated in Part I.				
27. WAS DECEDENT PREGNANT, OR 90 DAYS POSTPARTUM? (Yes or no) <b>No</b>		28. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) <b>Yes</b>		
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>John A. Evans</i> <b>Coroner of Porter County, Indiana</b>		29c. MEDICAL LICENSE NO. <b>Coroner</b>	29d. DATE ISSUED (Month, Day, Year) <b>December 20, 1990</b>	
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 26) (Type/Print) <b>John A. Evans 517 Broadway Chesterton, IN 46304</b>				
31. HEALTH OFFICER'S SIGNATURE <i>John A. Evans MD</i>		DATE FILED (Month, Day, Year) <b>December 27, 1990</b>		
33. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input checked="" type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Could not be Determined		34a. DATE OF INJURY (Month, Day, Year) <b>Dec. 18, 1990</b>	34b. TIME OF INJURY <b>1:55 A.M.</b>	34c. INJURY AT WORK? (Yes or no) <b>No</b>
34d. DESCRIBE HOW INJURY OCCURRED <b>Pedestrian struck by auto while walking in roadway.</b>		34e. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) <b>State Road</b>		
34f. LOCATION (Street and Number or Rural Route Number, City or Town, State) <b>SR 49 By-Pass &amp; I-94 Under Pass Chesterton, Indiana</b>		34g. DATE PRONOUNCED DEAD (Month, Day, Year) <b>December 18, 1990</b>		
34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc. <b>Yes - Pedestrian</b>				



STATE OF INDIANA  
FILED  
REC'D  
S. NO.