

accident

12cc  
3vets  
15  
ocal No. .... 91-0668 .....

92036204

INDIANA STATE BOARD OF HEALTH

CERTIFICATE OF DEATH

Evelyn Cox 3760 W 11th Ave  
Newt, Ind  
46410

State No. ....

TYPE/PRINT  
IN  
PERMANENT  
BLACK INK

1 DECEASED—NAME (First, Middle, Last) John Earl Cox		2 SEX Male	3a TIME OF DEATH 12:45 A	3b DATE OF DEATH (Month, Day, Yr) September 5, 1991	
4 SOCIAL SECURITY NUMBER 313-62-0479	5a AGE—Last Birthday (Years) 36	5b UNDER 1 YEAR Months Days	5c UNDER 1 DAY Hours Minutes	6 DATE OF BIRTH (Mo, Day, Yr) April 9, 1955	
7 BIRTHPLACE (City and State or Foreign Country) Marshall, TX	8a WAS DECEDENT A U.S. VETERAN? Yes				
8b YEAR LAST SERVED IN U.S. ARMED FORCES? 1978	8c 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 type="checkbox"/> Residence <input checked="" type="checkbox"/> Other (Specify) Street				
9a FACILITY NAME (If not institution, give street and number) 37th Avenue and Georgia Street		9b CITY, TOWN OR LOCATION OF DEATH Gary		9c COUNTY OF DEATH Lake	
10 MARITAL STATUS (Specify) Married	11 SURVIVING SPOUSE (If wife, give maiden name) Evelyn Johnson	12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Plant Operator		12b KIND OF BUSINESS/INDUSTRY Amoco Oil	
13a RESIDENCE—STATE Indiana	13b COUNTY Lake	13c CITY, TOWN, OR LOCATION Gary	13d STREET AND NUMBER 4268 Jefferson Street		
14 ZIP CODE 46408	15 INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	16 CITIZEN OF WHAT COUNTRY? U.S.A.	17 WAS DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc.)	18 RACE—American Indian, Black, White, etc. (Specify) Black	
19 DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) 1		18 FATHER'S NAME (First, Middle, Last) Jonathan McGee			
19 MOTHER'S NAME (First, Middle, Maiden Surname) Lovater Rosborough			20a INFORMANT'S NAME (Type/Print) Evelyn Johnson		
20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 4268 Jefferson St, Gary, Indiana 46408		20c Relationship Wife			
21a METHOD OF DISPOSITION <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) September 10, 1991 Oak Hill Cemetery		21c LOCATION—City or Town, State Gary, Indiana	
22a EMBALMERS NAME Roosevelt Allen Sr.		22b EMBALMERS LICENSE NO. 01051701	23 WAS DEATH REPORTED TO CORONER? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		
24a SIGNATURE OF FUNERAL DIRECTOR <i>[Signature]</i>		24b LICENSE NUMBER (of Licensee) 08700298	25 NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Guy & Allen Funeral Directors, Inc. 2959 W. 11th Ave., Gary, IN 46404 83007704		
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) a. Gunshot wound of ascending aorta. b. DUE TO (OR AS A CONSEQUENCE OF) c. DUE TO (OR AS A CONSEQUENCE OF) d. DUE TO (OR AS A CONSEQUENCE OF)					
PART II. Other significant conditions - Conditions contributing to death but not previously listed in Part I.					
27a WAS DECEDENT PREGNANT OR POSTPARTUM (Yes or no) No		27b WAS AN AUTOPSY PERFORMED? Yes		27c WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) Yes	
28a 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					
29a SIGNATURE AND TITLE OF CERTIFIER <i>[Signature]</i>		29b MEDICAL LICENSE NO. 16120	29c DATE SIGNED (Month, Day, Year) October 2, 1991		
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Daniel D. Thomas, M.D., Coroner, 2293 North Main Street, Crown Point, Indiana 46307					
31. HEALTH OFFICER'S SIGNATURE <i>[Signature]</i>				32 DATE FILED (Month, Day, Year) OCT. 7 1991	
33 MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be Determined <input checked="" type="checkbox"/> Homicide		34a DATE OF INJURY (Month, Day, Year) Sept 5, 1991	34b TIME OF INJURY Unknown	34c INJURY AT WORK? (Yes or no) No	34d DESCRIBE HOW INJURY OCCURRED Gunshot wound
34e PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) Street			34f LOCATION (Street and Number or Rural Route Number, City or Town, State) 37th Avenue and Georgia Street Gary, Indiana 46409		
34g DATE PRONOUNCED DEAD (Month, Day, Year) September 5, 1991		34h MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc. No			

PRECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

CORONER USE ONLY

6/5/92 Jy  
8. 42 & 43 Be. 8.  
46-404-35 Registrar add Glen Park S. 42 & 43 Be. 8.



STAT  
JUN 5 1992  
56 AM '92  
Approximate Interval Between Onset and Death  
Unknown

32 600



*[Faint, illegible stamp]*  
OCT 17, 1991