

INDIANA STATE BOARD OF HEALTH

CERTIFICATE OF DEATH

Local No. 92-0429

State No.

TYPE/PRINT IN PERMANENT BLACK INK

1 DECEASED—NAME (First Middle Last) Rufus Lark Jr. 2 SEX Male 3a TIME OF DEATH 3:52 a.m. 3b DATE OF DEATH (Month Day Year) June 19, 1992

4 SOCIAL SECURITY NUMBER 487-24-3361 5a AGE—Last Birthday (Years) 70 5b UNDER 1 YEAR Months Days 5c UNDER 1 DAY Hours Minutes 6 DATE OF BIRTH (Mo Day Yr) May 11, 1922 7 BIRTHPLACE (City and State or Foreign Country) Earls, AR.

8a WAS DECEDENT A US VETERAN? No 8b YEAR LAST SERVED IN US ARMED FORCES? N/A 8c PLACE OF DEATH (Check only one) HOSPITAL: [X] Inpatient [] ER/Outpatient [] DDA OTHER: [] Nursing Home [] Other (Specify) [] Residence

9a FACILITY NAME (If not institution, give street and number) St. Mary Medical Center 9c CITY, TOWN OR LOCATION OF DEATH Gary 9d COUNTY OF DEATH Lake

10 MARITAL STATUS (Specify) Married 11 SURVIVING SPOUSE (If wife, give maiden name) Beatrice Buchanan 12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Crane Operator 12b KIND OF BUSINESS/INDUSTRY Blaw Knox Foundry

13a RESIDENCE—STATE Indiana 13b COUNTY Lake 13c CITY, TOWN, OR LOCATION Gary 13d STREET AND NUMBER 644 Van Buren

13e ZIP CODE 46402 13f INSIDE CITY LIMITS [] No [X] Yes 13g ON A FARM? [X] No [] Yes 14 CITIZEN OF WHAT COUNTRY? USA 15 WAS DECEDENT OF HISPANIC ORIGIN? [X] No [] Yes 16 RACE—American Indian, Black, White, etc. (Specify) Black 17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 8th College (13-16 or 5+)

18 FATHER'S NAME (First, Middle, Last) Rufus Lark Sr. 19 MOTHER'S NAME (First, Middle, Maiden Surname) Priscilla Price

20a INFORMANT'S NAME (Type/Print) Beatrice Lark 20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 644 Van Buren St. Gary, IN 46402 20c Relationship Wife

21a METHOD OF DISPOSITION [X] Burial [] Entombment [] Cremation [] Removal from State [] Donation [] Other (Specify) 21b DATE AND PLACE OF DISPOSITION (Month, Day, Year, or other place) June 23, 1992 Fern Oak Cemetery 21c LOCATION—City or Town, State Griffith, Indiana

22a EMBALMER'S NAME Roosevelt Allen Sr. 22b EMBALMER'S LICENSE NO. 01051696 23 WAS DEATH REPORTED TO CORONER? [X] No [] Yes

24 SIGNATURE OF FUNERAL DIRECTOR [Signature] 24b LICENSE NUMBER (of License) 08700298 25 NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME 83007704 Guy & Allen Funeral Directors, Inc. 2959 W. 11th Ave. Gary, IN 46404

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) Coronary Occlusion

PART II Other significant conditions - Conditions contributing to death but not previously stated in Part I. 27. WAS DECEDENT PREGNANT OR GIVING POSTPARTUM? NO 28. WAS DEATH CAUSED BY INJURY? NO 29a. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) NO

29a. CERTIFIER (Check only one): [X] CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated. [] 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. [] 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: [Signature] M.D. 29c. MEDICAL LICENSE NO. 01018989 29d. DATE SIGNED (Month, Day, Year) July 7, 1992

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Dr. David Ross 1619 W. 5th Ave. Gary, IN 46402

31. HEALTH OFFICER'S SIGNATURE [Signature] 32. DATE FILED (Month, Day, Year) JUL 8 1992

33. MANNER OF DEATH [] Natural [] Pending Investigation [] Accident [] Suicide [] Homicide [] Could not be Determined 34a. DATE OF INJURY (Month, Day, Year) 34b. TIME OF INJURY 34c. INJURY AT WORK? (Yes or no) 34d. DESCRIBE HOW INJURY OCCURRED

34e. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 34f. LOCATION (Street and Number or Rural Route Number, City or Town, State)

34g. DATE PRONOUNCED DEAD (Month, Day, Year) 34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc. 01016

Vertical text on the left margin: 'TYPE/PRINT IN PERMANENT BLACK INK', 'DECEASED', 'PARENTS', 'INFORMANT', 'DISPOSITION', 'CAUSE OF DEATH', 'CERTIFIER', 'HEALTH OFFICER', 'CORONER USE ONLY'. Includes handwritten file number 'T 44-50-36' and date '7-15-92'.



Vertical text on the right margin: 'SARAH J. MILLER RECORDER', 'MAR 19 9 21 AM', 'OFFICE OF THE INDIANA STATE BOARD OF HEALTH'.



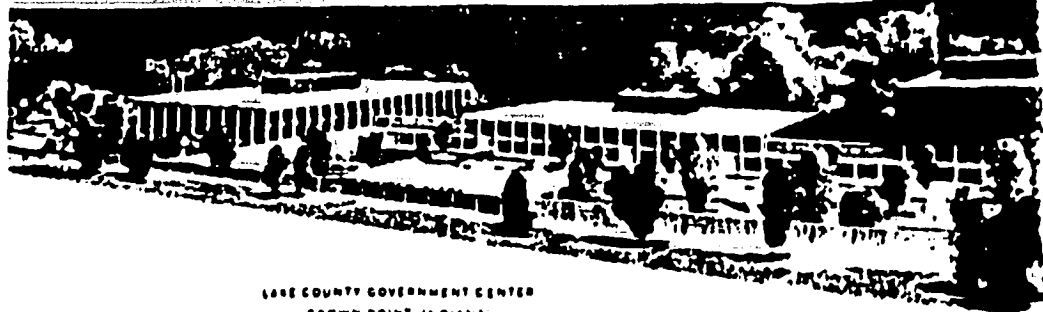
CERTIFIED BY:

Thomas E. Johnson

HEALTH COMMISSIONER
CITY OF GARY, IND.

JUL 8 1992

DATE _____



LAKE COUNTY GOVERNMENT CENTER
CROWN POINT INDIANA

439

2293 N. MAIN STREET
CROWN POINT, INDIANA 46307
PHONE 738-2020 AREA CODE 219

LAKE COUNTY RECORDER

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Samuel Orlich
Samuel Orlich, Recorder
Lake County

