

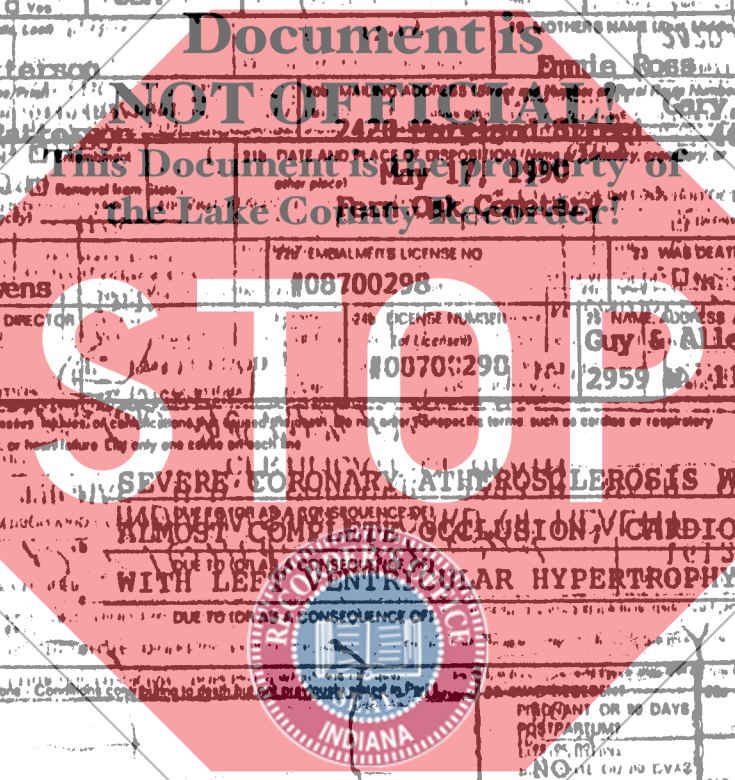
INDIANA STATE BOARD OF HEALTH
DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH REPORT

Karen Thomas Wilson
504 Broadway
Apt 1016
Gary, IN 46402
Total No. 476/84

Local No. 90-0371

TYPE/PRINT IN PERMANENT BLACK INK

1. DECEASED—NAME (Print, Middle Initial) Walter T. Patterson		3. SEX Male		4. AGE—Last Birthday 69		5. DATE OF BIRTH (Month, Day, Year) November 29, 1920		6. PLACE OF BIRTH (City, Town, County, State) Corinth, Mississippi	
7. SOCIAL SECURITY NUMBER 312-18-2009		8. WAS DECEASED IN U.S. ARMED FORCES? N/A		9. YEAR LAST SERVED IN U.S. ARMED FORCES? N/A		10. HOSPITAL (Name, Address, City, State, Zip) OR OTHER (Name, Address, City, State, Zip) Residence			
11. DECEASED'S HOME ADDRESS (Street, City, Town, County, State) 2420 Maryland Street, Gary, Lake, Indiana		12. COUNTY OF DEATH Lake		13. CITY, TOWN OR LOCATION Gary		14. STREET AND NUMBER 2420 Maryland Street			
15. RESIDENCE STATE Indiana		16. COUNTY Lake		17. CITY, TOWN OR LOCATION Gary		18. RACE—American Indian, Negro, White, Other Black		19. DECEASED'S EDUCATION (Specify) 5th	
20. FATHER'S NAME (Print, Middle Initial) Phillip Patterson		21. MOTHER'S NAME (Print, Middle Initial) Emmie Ross		22. MARITAL ADDRESS (City, State, Zip) Gary, Indiana 46402		23. DECEASED'S OCCUPATION (Specify) None			
24. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Other (Specify)		25. DATE AND PLACE OF DISPOSITION (Name, Address, City, State, Zip) Griffith, Indiana		26. LOCATION (Specify) Griffith, Indiana		27. SIGNATURE OF FUNERAL DIRECTOR (Name, Title, Address, City, State, Zip) Guy & Allen Funeral Directors, Inc., 2959 N. 11th Avenue, Gary, IN 46404			
28. EMBALMER'S NAME Patricia Owens		29. EMBALMER'S LICENSE NO. 108700298		30. SIGNATURE OF FUNERAL DIRECTOR Patricia Owens		31. LICENSE NUMBER (of Licensee) 100700290		32. NAME, ADDRESS AND PHONE NUMBER OF FUNERAL HOME (Name, Address, City, State, Zip) Guy & Allen Funeral Directors, Inc., 2959 N. 11th Avenue, Gary, IN 46404	
33. CAUSE OF DEATH (Specify) SEVERE CORONARY ATHEROSCLEROSIS WITH ALMOST COMPLETE OCCLUSION, CARDIOMEGALY WITH LEFT VENTRICULAR HYPERTROPHY.		34. DUE TO (OR AS A CONSEQUENCE OF) NO		35. PRESENT OR IN DAYS PREPARING (Specify) NO		36. DATE OF DEATH (Month, Day, Year) MAY 12, 1990			
37. CERTIFIER (Name, Title, Address, City, State, Zip) Daniel D. Thomas, M.D., Coroner, 2293 N. Main, Crown Point, IN 46001		38. DATE SIGNED (Month, Day, Year) MAY 16, 1990		39. SIGNATURE OF PERSON WHO COMPLETED THIS REPORT (Name, Title, Address, City, State, Zip) Belva E. Foster, M.D., M.P.H., 1000		40. DATE FILED (Month, Day, Year) MAY 17, 1990			
41. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accidental <input type="checkbox"/> Suicide <input type="checkbox"/> Homicidal		42. DATE OF INJURY (Month, Day, Year) SEP 9, 1986		43. TIME OF INJURY (Hour, Minute) 10:00		44. DESCRIBE HOW INJURY OCCURRED (Specify) SAFARI (1000)			
45. DATE PRONOUNCED DEAD (Month, Day, Year) May 12, 1990		46. MOTOR VEHICLE ACCIDENT (Yes/No) SAFARI (1000)		47. PLACE OF INJURY (Specify) SAFARI (1000)		48. LOCATION (Specify and Number of Rural Route Number, City or Town, State) SAFARI (1000)			

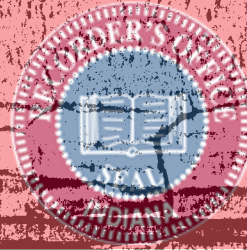


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PARENTS
INFORMANT
DISPOSITION
CAUSE OF DEATH
CERTIFIER
HEALTH OFFICER
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STOP



CERTIFIED BY

Anna E. Johnson

HEALTH COMMISSIONER
CITY OF GARY, IND.

DATE MAY 21 1960