

ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pursue its statutory responsibility. Disclosure is voluntary and there will be no penalty for refusal.

INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Local No. 1195

State No.

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-19-3

TYPE/PRINT
IN
PERMANENT
BLACK INK

DECEDENT

PARENTS

INFORMANT

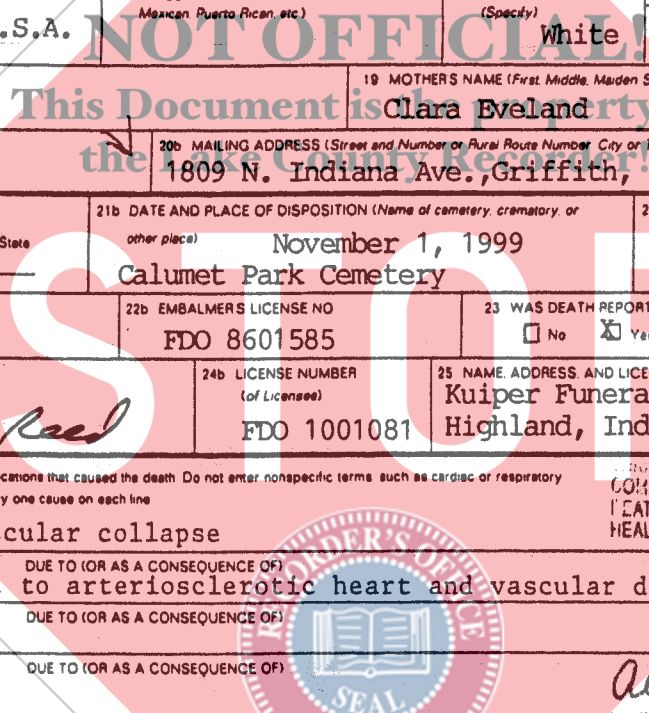
DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

1 DECEASED—NAME (First, Middle, Last) James Y. McKnight		2 SEX Male		3a TIME OF DEATH 10:50 A.		3b DATE OF DEATH (Month, Day, Yr.) October 28, 1999	
4 SOCIAL SECURITY NUMBER 356-20-4621		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 23, 1929		7 BIRTHPLACE (City and State or Foreign Country) Newton, Illinois					
8a WAS DECEDENT A U.S. VETERAN? Yes		8b YEAR LAST SERVED IN U.S. ARMED FORCES? N/A		9a PLACE OF DEATH (Check only one. See instructions) <input type="checkbox"/> HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> 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) 1809 N. Indiana Ave.			9c CITY, TOWN OR LOCATION OF DEATH Griffith			9d COUNTY OF DEATH Lake	
10. MARITAL STATUS (Specify) Married		11 SURVIVING SPOUSE (If wife, give maiden name) Shirley Moore		12a DECEASED'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Switchman		12b KIND OF BUSINESS/INDUSTRY Railroad	
13a RESIDENCE—STATE Indiana		13b COUNTY Lake		13c CITY, TOWN OR LOCATION Griffith		13d STREET AND NUMBER 1809 N. Indiana Ave.	
13e ZIP CODE 46319		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 checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If yes specify Cuban, Mexican, Puerto Rican, etc.)	
16 RACE—American Indian, Black, White, etc. (Specify) White		17 DECEASED'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 10 College (11-4 or 5+)					
18 FATHER'S NAME (First, Middle, Last) Joseph McKnight				19 MOTHER'S NAME (First, Middle, Maiden Surname) Clara Eveland			
20a INFORMANT'S NAME (Type/Print) Shirley McKnight		20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 1809 N. Indiana Ave., Griffith, Ind. 46319				20c Relationship Wife	
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) November 1, 1999 Calumet Park Cemetery			21c LOCATION—City, Town, State Merrillville, Indiana		
22a EMBALMER'S NAME David R. Peterson		22b EMBALMER'S LICENSE NO. FDO 8601585		23 WAS DEATH REPORTED TO CORONER? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes			
24a SIGNATURE OF FUNERAL DIRECTOR <i>Ronald G. Reed</i>		24b LICENSE NUMBER (of Licensee) FDO 1001081		25 NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Kuiper Funeral Home, 9039 Kleinman Highland, Indiana 46322 FHC-83007500			
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) Vascular collapse							
DUE TO (OR AS A CONSEQUENCE OF) Due to arteriosclerotic heart and vascular disease							
CONDITIONS IF ANY WHICH GAVE RISE TO THE IMMEDIATE CAUSE, STATING THE UNDERLYING CAUSE LAST							
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) no		28a WAS AN AUTOPSY PERFORMED? (Yes or no) no		28b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) 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. Deputy							
29b SIGNATURE AND TITLE OF CERTIFIER <i>Paul R. Castro</i>				29c MEDICAL LICENSE NO. N/A		29d DATE SIGNED (Month, Day, Year) November 2, 1999	
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (If not you, print name and address) Paul R. Castro, Deputy Coroner, 2900 West 93rd Avenue, Crown Point, Indiana 46307							
31 HEALTH OFFICER'S SIGNATURE <i>Alexander S. Williams MD</i>							
32 DATE FILED (Month, Day, Year) November 2, 1999							
33 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		34a DATE OF INJURY (Month, Day, Year) JAN 07 2000		34b TIME OF INJURY		34c INJURY AT WORK? (Yes or no)	
34d DESCRIBE HOW INJURY OCCURRED 00284		34e PLACE OF INJURY—At home, farm, street, building, etc. (Specify) LOCATION (Street and Number or Rural Route Number, City or Town, State) PETER BENJAMIN LAKE COUNTY AUDITOR					
34g DATE PRONOUNCED DEAD (Month, Day, Year) October 28, 1999				34h MOTOR VEHICLE ACCIDENT? (Yes or no) If yes specify driver, passenger, pedestrian, etc. 9:00 PM CASH			



STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
NOV 02 1999
OFFICE OF THE CLERK
MERRILLVILLE, INDIANA