

INDIANA STATE BOARD OF HEALTH  
CORONER'S CERTIFICATE OF DEATH

State No. 84-0010  
Date of Death Month, Day, Year  
January 6, 1984

Local No. 84-0010

TYPE OR PRINT  
PLAINLY WITH  
NEADING INK  
THIS IS A  
PERMANENT  
RECORD

STATE OF INDIANA  
LAKE COUNTY  
FILED

HOLD FOR FIRST AMERICAN TITLE

EMBALMER'S NAME: *Robert Smith* LICENSE No. 2000 021070  
FUNERAL DIRECTOR'S SIGNATURE: *Robert Smith* LICENSE No. 657  
FUNERAL HOME: No. 255

DECEASED TYPE OR PRINT OR PRINT IN PERMANENT INK FOR INSTRUCTIONS SEE HANDBOOK  
DECEASED OCCURRED IN INSTITUTION, RESIDENCE, OR PLACE OF BUSINESS OR TRAVEL  
PARENTS  
DISPOSITION  
CERTIFIER  
CAUSE

1. DECEASED NAME Samuel W. Adamson		2. SEX Male		3. DATE OF DEATH MONTH, DAY, YEAR January 6, 1984	
4. RACE Black		5. AGE (Yrs. Mo. Ds.) 39		6. COUNTY OF DEATH Lake	
7. CITY, TOWN OR LOCATION OF DEATH Gary		8. CITIZEN OF WHAT COUNTRY U.S.A.		9. HOSPITAL OR OTHER INSTITUTION—Name of hospital, city, state and country Gary Mercy Hospital	
10. STATE OF BIRTH or U.S.A. Indiana		11. MARRIED NEVER MARRIED, WIDOWED, DIVORCED, SEPARATED Married		12. SURVIVING SPOUSE if with and maiden name Linda Clark	
13. SOCIAL SECURITY NUMBER 307-42-6581		14. USUAL OCCUPATION (Name of occupation, city, state and country) U.S. Steel sheet & tin		15. KIND OF BUSINESS OR INDUSTRY Steel	
16. RESIDENCE—STATE Indiana		17. COUNTY Lake		18. CITY, TOWN OR LOCATION Gary	
19. STREET AND NUMBER 6830 E. 4th Avenue		20. IS RESIDENCE ON A FARM? NO		21. INSIDE CITY LIMITS YES	
22. DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. NO		23. FATHER—NAME Maryland Adamson		24. MOTHER—MAIDEN NAME Isabell Jordan	
25. MARRIAGE RELATIONSHIP Linda Adamson (Wife)		26. BUILDING ADDRESS 6830 E. 4th Ave.		27. CITY OR TOWN Gary, Indiana	
28. BIRTH DATE (Yr. Mo. Ds.) 10-8-4		29. CEMETERY OR CREMATORY—FURNERAL HOME Andrew Smith Funeral Home, 934 E. 21st, Gary, In. 46307		30. LOCATION Abbott Rd	
31. DATE SIGNED (Yr. Mo. Ds.) 4/3/84		32. HOUR OF DEATH 6:45 a.m.		33. STATE IN	
34. NAME AND ADDRESS OF CERTIFIER (Name, Title, Address) DANIEL D. THOMAS, M.D., 2293 NORTH MAIN ST., CROWN POINT, IN. 46307		35. DATE RECEIVED BY LOCAL HEALTH OFFICER MAY 22 1984		36. SIGNATURE OF LOCAL HEALTH OFFICER <i>Peter Benjamin</i>	
37. PART I: FEMORAL ARTERY OF RIGHT LEG. Laceration of femoral artery of left leg; Laceration of femoral artery of right leg.		38. PART II: DUE TO OR AS A CONSEQUENCE OF Due to gunshot wound to both legs		39. PART III: ACCIDENT OR HOMICIDE Homicide	
40. DATE OF INJURY (Yr. Mo. Ds.) 1/5/83		41. HOUR OF INJURY M		42. DESCRIBE HOW INJURY OCCURRED Gunshot wounds	
43. PLACE OF INJURY (Name, City, State, Country, Other Building, etc.) Street		44. LOCATION 6800 Bk of E. 4th, Gary, IN.		45. SIGNATURE OF AUDITOR <i>Peter Benjamin</i>	