

2000-059383

8cc

\* 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

Local No. 00 0543

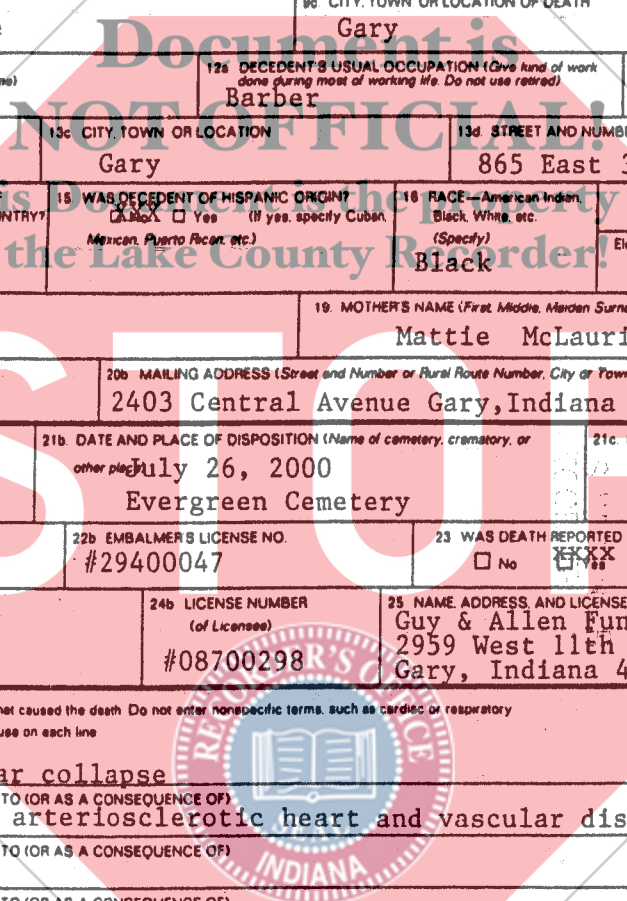
CERTIFICATE OF DEATH

State No. ....

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-10-3

TYPE/PRINT IN PERMANENT BLACK INK

1 DECEASED—NAME (First, Middle, Last) Avery T. Knight		2 SEX Male	3a TIME OF DEATH 5:55P M	3b DATE OF DEATH (Month, Day, Year) July 20, 2000	
4 *SOCIAL SECURITY NUMBER 311-44-8692	5a AGE—Last Birthday (Years) 58	5b UNDER 1 YEAR Months Days	5c UNDER 1 DAY Hours Minutes	6 DATE OF BIRTH (Mo, Day, Yr) February 8, 1942	
7 BIRTHPLACE (City and State or Foreign Country) Jackson, Mississippi	8a WAS DECEDENT A U.S. VETERAN? No				
8b YEAR LAST SERVED IN U.S. ARMED FORCES? N/A		8c PLACE OF DEATH (Check only one. See instructions) HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> Residence <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify)			
9b FACILITY NAME (If not institution, give street and number) 865 East 35th Place		9c CITY, TOWN OR LOCATION OF DEATH Gary	9d COUNTY OF DEATH Lake		
10 MARITAL STATUS Divorced	11 SURVIVING SPOUSE (If wife, give maiden name) N/A	12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Barber		12b KIND OF BUSINESS/INDUSTRY Self-employed	
13a RESIDENCE—STATE Indiana	13b COUNTY Lake	13c CITY, TOWN OR LOCATION Gary	13d STREET AND NUMBER 865 East 35th Place		
13e ZIP CODE 46409	13f INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	14 CITIZENSHIP OF WHAT COUNTRY? U S A	15 WAS DECEDENT OF HISPANIC ORIGIN? (If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input type="checkbox"/> No <input type="checkbox"/> Yes	16 RACE—American Indian, Black, White, etc. (Specify) Black	
17 DECEASED'S EDUCATION (Specify only highest grade completed) 10th		18 FATHER'S NAME (First, Middle, Last) Arthur Knight			
19 MOTHER'S NAME (First, Middle, Maiden Surname) Mattie McLaurin		20a INFORMANT'S NAME (Type/Print) Delores Knight			
20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2403 Central Avenue Gary, Indiana 46407		20c Relationship Sister			
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) July 26, 2000 Evergreen Cemetery		21c LOCATION—City or Town, State Hobart, Indiana	
22a EMBALMER'S NAME Rosenwald D. Allen Jr.		22b EMBALMER'S LICENSE NO. #29400047	23 WAS DEATH REPORTED TO CORONER? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		
24a SIGNATURE OF FUNERAL DIRECTOR 		24b LICENSE NUMBER (of Licenses) #08700298	25 NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Guy & Allen Funeral Directors, Inc 2959 West 11th Avenue Gary, Indiana 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. Approximate Interval Between Onset and Death					
IMMEDIATE CAUSE (Final disease or condition resulting in death)		a Vascular collapse			
Due to (OR AS A CONSEQUENCE OF)		b Due to arteriosclerotic heart and vascular disease			
Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last		c			
PART II Other significant conditions - Conditions contributing to death but not previously stated in Part I		d			
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)		
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 			
29c MEDICAL LICENSE NO. N/A		29d DATE SIGNED (Month, Day, Year) July 26, 2000			
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Donna Melyon, Deputy Coroner, 2900 West 93rd Avenue, Crown Point, Indiana 46307					
31 HEALTH OFFICER'S SIGNATURE 				32 DATE FILED (Month, Day, Year) AUG 02 2000	
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)	34b TIME OF INJURY	34c INJURY AT WORK? (Yes or no)	34d DESCRIBE HOW INJURY OCCURRED AUG 16 2000 01211
34a PLACE OF INJURY—At home farm street factory office building etc (Specify)		34b LOCATION (Street and Number or Rural Route Number, City or Town, State) PETER BENJAMIN LAKE COUNTY AUDITOR			
34g DATE PRONOUNCED DEAD (Month, Day, Year) July 20, 2000		34h MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc. 1138 9:04 AM			



unit #25  
Key #47-101-12  
S. Gary Sub w/2 of hot 8 & 11 all hot 9  
Block 12

FILED  
AUG 16 2000  
PETER BENJAMIN  
LAKE COUNTY AUDITOR  
1138 9:04 AM



**Official Stamp**

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2000 059383      2000 AUG 16 PM 3:29

MARK S. W. GARDNER  
CLERK

**Document Mail Back to  
Information Sheet**

This is where you want the recorded document sent back to when it has completed the recording process.

Name Rubener Franklin

Address 2181 Williams St

City St Zip GARY, IND 46404

Telephone 949-6975

Signature Printed Rubener Franklin

Signature Written Rubener Franklin

Date of Signature 8/16/2000

Check Number \_\_\_\_\_

Check Amount CASH \$ 9.00

**Office Use Only**

Check Equals Amount Due  Yes  No

Total \_\_\_\_\_

Initials AIC