Key # 39-365-3

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.

Local No. 2093-00

# INDIANA STATE DEPARTMENT OF HEALTH

## CERTIFICATE OF DEATH

State No. ..........................

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-37-1-10

TYPE/PRINT IN PERMANENT BLACK INK

**DECEDENT**

1 DECEASED—NAME (First Middle Last): Lavern L. Hixon
2 SEX: Male
3a TIME OF DEATH: 12:50 A.M.
3b DATE OF DEATH (Month Day Yr): September 11, 2000
4 SOCIAL SECURITY NUMBER: 315-38-8468
5a AGE—Last Birthday (Years): 62
5b UNDER 1 YEAR (Months, Days):
5c UNDER 1 DAY (Hours, Minutes):
6 DATE OF BIRTH (Mo. Day Yr): Oct. 26, 1937
7 BIRTHPLACE (City and State or Foreign Country): Gary, Indiana
8a WAS DECEDENT A U.S. VETERAN?: No
8b YEAR LAST SERVED IN U.S. ARMED FORCES?: N/A
9a PLACE OF DEATH (Check only one. See instructions): HOSPITAL ☐ Inpatient ☐ ER/Outpatient ☐ DOA; OTHER ☐ Nursing Home ☐ Other (Specify) ☒ Residence
9b FACILITY NAME (If not institution, give street and number): 4020 Cleveland
9c CITY, TOWN OR LOCATION OF DEATH: Gary (Calumet Twnshp.)
9d COUNTY OF DEATH: Lake
10 MARITAL STATUS (Specify): Married
11 SURVIVING SPOUSE (If wife, give maiden name): Joyce Fleming
12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Machine Operator
12b KIND OF BUSINESS/INDUSTRY: Steel Manufacturing
13a RESIDENCE—STATE: Indiana
13b COUNTY: Lake
13c CITY, TOWN OR LOCATION: Gary (Calumet Township)
13d STREET AND NUMBER: 4020 Cleveland
13e ZIP CODE: 46408
13f INSIDE CITY LIMITS: ☒ No ☐ Yes
13g ON A FARM?: ☒ No ☐ Yes
14 CITIZEN OF WHAT COUNTRY?: U.S.A.
15 WAS DECEDENT OF HISPANIC ORIGIN?: ☒ No ☐ Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc.)
16 RACE—American Indian, Black, White, etc. (Specify): White
17 DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 12; College (1-4 or 5+):

**PARENTS**

18 FATHER'S NAME (First Middle Last): Fred Hixon
19 MOTHER'S NAME (First Middle Maiden Surname): Ellen Bunde

**INFORMANT**

20a INFORMANT'S NAME (Type/Print): Joyce J. Hixon
20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 4020 Cleveland, Gary, Indiana 46408
20c Relationship: Wife

**DISPOSITION**

21a METHOD OF DISPOSITION: ☐ Entombment ☒ Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)
21b DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): September 13, 2000 Calumet Park Cemetery
21c LOCATION—City or Town, State: Merrillville, Indiana
22a EMBALMER'S NAME: Edgar C. Gleim
22b EMBALMER'S LICENSE NO.: FDO 1016173
23 WAS DEATH REPORTED TO CORONER?: ☐ No ☒ Yes
24a SIGNATURE OF FUNERAL DIRECTOR: C. A. Kuiper
24b LICENSE NUMBER (of Licensee): FDO 1014511
25 NAME, ADDRESS AND LICENSE NUMBER OF FUNERAL HOME: Kuiper Funeral Home, 9039 Kleinman Rd. Highland, Indiana 46322 FH 83007500

**CAUSE OF DEATH**

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 — Unknown
b. DUE TO (OR AS A CONSEQUENCE OF): Due to arteriosclerotic heart and vascular disease
c. DUE TO (OR AS A CONSEQUENCE OF):
d. DUE TO (OR AS A CONSEQUENCE OF):

Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last.

THIRD CERTIFICATE COMPLETE ... DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPT.

SEP 13 2000

Alexander S. Williams MD
LAKE COUNTY HEALTH COMMISSIONER

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):

FILED SEP 15 2000 PETER BENJAMIN LAKE COUNTY AUDITOR

**CERTIFIER**

29a CERTIFIER (Check only one): Deputy
☐ 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: Helen M. Sanok
29c MEDICAL LICENSE NO.: N/A
29d DATE SIGNED (Month Day Year): September 12, 2000
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print): Helen M. Sanok, Deputy Coroner, 2900 West 93rd Avenue, Crown Point, Indiana 46307

**HEALTH OFFICER**

31 HEALTH OFFICER'S SIGNATURE: Alexander S. Williams MD
32 DATE FILED (Month Day Year): September 13, 2000

33 MANNER OF DEATH: ☒ Natural ☐ Pending Investigation ☐ Accident ☐ Suicide ☐ Could not be Determined ☐ Homicide
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): September 11, 2000
34h MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.

9.00 Ef. 5

SDH06-004 State Form 10110 (R5/1-99)

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