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KEY 42-127-18

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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

State No. OCT 23 2000

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

TYPE/PRINT IN PERMANENT BLACK INK

1. DECEASED-NAME (First, Middle, Last) Sylvester V Carter		2. SEX Male	3a. TIME OF DEATH 2:27 P M	3b. DATE OF DEATH (Month, Day, Yr.) June 05, 1998
4. SOCIAL SECURITY NUMBER 313-07-5474	5a. AGE-Last Birthday (Years) 92	5b. UNDER 1 YEAR MONTHS 0	5c. UNDER 1 DAY HOURS 0	6. DATE OF BIRTH (Mo, Day, Yr) December 02, 1905

PETER BENJAMIN LAKE COUNTY AUDITOR Jackson Mississippi

DECEDENT

8a. WAS DECEDENT A U.S. VETERAN? No	8b. YEAR LAST SERVED IN U.S. ARMED FORCES? 0	9a. PLACE OF DEATH (Check only one. See instructions.) HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER: <input checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input checked="" type="checkbox"/> Residence		
9b. FACILITY NAME (If not institution, give street and number) 2260 Jefferson Street		9c. CITY, TOWN, OR LOCATION OF DEATH Gary	9d. COUNTY OF DEATH Lake	
10. MARITAL STATUS (Specify) Widowed	11. SURVIVING SPOUSE (If wife, give maiden name)	12a. DECEASED'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Craneman	12b. KIND OF BUSINESS/INDUSTRY Steelmill	

PARENTS

13a. RESIDENCE-STATE Indiana 46407	13b. COUNTY Lake	13c. CITY, TOWN OR LOCATION Gary	13d. STREET AND NUMBER 2260 Jefferson street
13e. ZIP CODE 46407	13f. INSIDE CITY LIMITS <input checked="" type="checkbox"/> No <input 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) Afro-American	17. DECEASED'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) <input type="checkbox"/> College (1-4 or 5+)		

INFORMANT

18. FATHER'S NAME (First, Middle, Last) Sylvester Carter	19. MOTHER'S NAME (First, Middle, Maiden Surname) Alyc Sutton	
20a. INFORMANT'S NAME (Type/Print) Sylvester Carter Jr	20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 1940 No. 35th Street Mmilwaukee, Wisconsin 53208	20c. Relationship Son

DISPOSITION

21a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <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) June 10, 1998 Fern-Oak Cemetery	21c. LOCATION (City or Town, State) Griffith, IN
22a. EMBALMER'S NAME Sherman Banks III	22b. EMBALMER'S LICENSE NO. FDO 1016254	23. WAS DEATH REPORTED TO CORONER? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
24a. SIGNATURE OF FUNERAL DIRECTOR <i>Sherman Banks III</i>	24b. LICENSE NUMBER (of Licensee) FDO 1016254	25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Smith Bizzell & Warner Funeral Home, FH19600034 4209 Grant St. Gary, IN 46408

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.		27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or No) No	28a. WAS AN AUTOPSY PERFORMED? (Yes or No) Yes	28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or No) Yes
IMMEDIATE CAUSE (Final disease or condition resulting in death) Smoke inhalation and burns DUE TO (OR AS A CONSEQUENCE OF):	a.	b.	Approximate Interval Between Onset and Death Unknown	
Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last	c.	d.		
PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I.				

CERTIFIER

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.	29b. SIGNATURE AND TITLE OF CERTIFIER <i>Donna Melyon</i> Deputy Coroner	29c. MEDICAL LICENSE NO. N/A	29d. DATE SIGNED (Month, Day, Year) June 9, 1998
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HEALTH OFFICER

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Donna Melyon, Deputy Coroner, 2293 North Main Street, Crown Point, Indiana 46307	31. HEALTH OFFICER'S SIGNATURE <i>Donna Melyon</i>	32. DATE FILED (Month, Day, Year) JUN 11 1998
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33. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input checked="" 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) June 5, 1998	34b. TIME OF INJURY Unknown	34c. INJURY AT WORK (Yes or no) No	34d. DESCRIBE HOW INJURY OCCURRED House Fire
34e. PLACE OF INJURY-At home, farm, street, factory, office building, etc. (Specify) Residence		34f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 2260 Jefferson Street Gary, Indiana		
34g. DATE PRONOUNCED DEAD (Month, Day, Year) June 5, 1998	34h. MOTOR VEHICLE ACCIDENT (Yes or no) If yes specify driver, passenger, pedestrian, etc. No.			

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STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

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2000 OCT 23 PM 1:08

MORRIS W. CARTER  
RECORDER

## Document Mail Back to Information Sheet

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

**NOT OFFICIAL!**  
This Document is the property of the Lake County Recorder.

Name Dorothy C. Miles

Address 2945 Wabash

City St Zip Louis Ind. 46404

Telephone 319-883-8115

Signature Printed Dorothy C. Miles

Signature Written Dorothy Carter Miles

Date of Signature \_\_\_\_\_

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

Check Amount \_\_\_\_\_

### Office Use Only

Check Equals Amount Due  Yes  No

Total \_\_\_\_\_

Initials \_\_\_\_\_