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

al No. 01 0805

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

STATE OF IN
LAKE COUNT
FILED FOR RECORD

State No. .....

2002 JUL 10 AM 10:03

HORRIS W. CARTER
RECORDER

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

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1. DECEASED—NAME (First, Middle, Last): Terry Davis		2. SEX: Male	3a. TIME OF DEATH: M	3b. DATE OF DEATH (Month, Day, Yr.): November 18, 2001	
4. *SOCIAL SECURITY NUMBER: 250-72-8967	5a. AGE-LAST BIRTHDAY (Years): 56	5b. UNDER 1 YEAR (Months / Days): 2002 06 1521	5c. UNDER 1 DAY (Hours / Minutes)	6. DATE OF BIRTH (Month, Day, Yr.): March 29, 1945	7. BIRTHPLACE (City and State or Foreign Country): Greenwood, South Carolina
8a. WAS DECEDENT A U.S. VETERAN?: No	8b. YEAR LAST SERVED IN U.S. ARMED FORCES?: N/A	HOSPITAL ☐ Inpatient ☐ ER/Outpatient ☐ DOA		9a. PLACE OF DEATH (Check only one — see instructions) OTHER (Specify) ☐ Other (Specify) ☐ Residence	
9b. FACILITY NAME (If not institution, give street and number): 1240 Montana Street		9c. CITY, TOWN, OR LOCATION OF DEATH: Gary		9d. COUNTY OF DEATH: Lake	
10. MARITAL STATUS (Specify): Married	11. SURVIVING SPOUSE (If wife, give maiden name): Audrey Fagans	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Laborer		12b. KIND OF BUSINESS/INDUSTRY: Bethlehem Steel	
13a. RESIDENCE—STATE: Indiana	13b. COUNTY: Lake	13c. CITY, TOWN, OR LOCATION: Gary		13d. STREET AND NUMBER: 1240 Montana Street	
13e. ZIP CODE: 46402	13f. INSIDE CITY LIMITS ☐ No ☒ Yes	14. CITIZEN OF WHAT COUNTRY?: USA	15. WAS DECEDENT OF HISPANIC ORIGIN? ☒ No ☐ Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc.)	16. RACE—American Indian, Black, White, etc (Specify): Black	17. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 12th; College (1-4 or 5+):
	13g. ON A FARM? ☒ No ☐ Yes				
18. FATHER'S NAME (First, Middle, Last): Anderson Davis			19. MOTHER'S NAME (First, Middle, Maiden Surname): Georgia Harlington		
20a. INFORMANT'S NAME (Type/Print): Audrey M. Davis		20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 1240 Montana Street Gary, Indiana 46402		20c. Relationship: Wife	
21a. METHOD OF DISPOSITION ☒ Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ Entombment ☐ Other (Specify)		21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): November 21, 2001 Ridgelawn Cemetery		21c. LOCATION—City or Town, State: Cheektowaga, New York	
22a. EMBALMER'S NAME: Rosenwald D. Allen Jr.		22b. EMBALMER'S LICENSE NO.: #29400047		23. WAS DEATH REPORTED TO CORONER? ☒ No ☐ Yes	
24a. SIGNATURE OF FUNERAL DIRECTOR		24b. LICENSE NUMBER (of Licensee): #08700646		25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME: Guy & Allen Funeral Director, 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. liver cirrhosis
DUE TO (OR AS A CONSEQUENCE OF)
b. Hepatic Failure
DUE TO (OR AS A CONSEQUENCE OF)
c. [illegible] MI
DUE TO (OR AS A CONSEQUENCE OF)
d.

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)	28a. WAS AN AUTOPSY PERFORMED? (Yes or no)	28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no)
NO	NO	

29a. CERTIFIER (Check only one)
☒ 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	29c. MEDICAL LICENSE NO	29d. DATE SIGNED (Month, Day, Year)
MD	01043017	12-7-01

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print): [illegible] MD 250 W. 61st Avenue Merrill

31. HEALTH OFFICER'S SIGNATURE: [illegible] M.D.

32. DATE FILED (Month, Day, Year): DEC 13 2001

33. MANNER OF DEATH: ☒ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Pending Investigation ☐ Could not be Determined

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)

34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc. ~~1111 378~~

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