

* 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. #39-502-35

Local No. 04 0439

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

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

PARENTS

INFORMANT

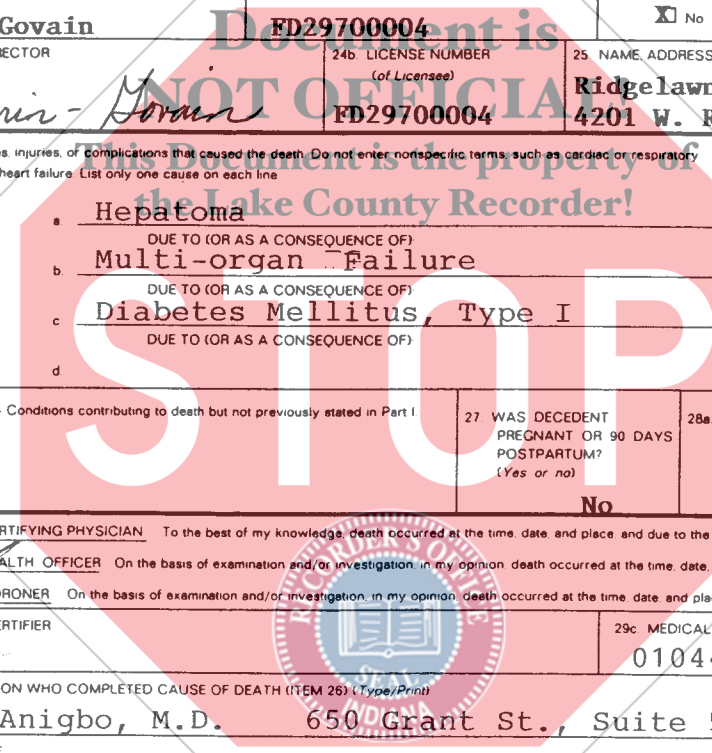
DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

1. DECEASED—NAME (First, Middle, Last) Thomas L. Davis			2. SEX Male		3a. TIME OF DEATH 6:30 P M		3b. DATE OF DEATH (Month, Day, Yr) July 17, 2004						
4. *SOCIAL SECURITY NUMBER 422-24-6975		5a. AGE—Last Birthday (Years) 73		5b. UNDER 1 YEAR Months Days		5c. UNDER 1 DAY Hours Minutes		6. DATE OF BIRTH (Mo, Day, Yr) May 30, 1931		7. BIRTHPLACE (City and State or Foreign Country) Limestone County, Alabama			
8a. WAS DECEDENT A U.S. VETERAN? yes		8b. YEAR LAST SERVED IN U.S. ARMED FORCES? 1955		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 type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input checked="" type="checkbox"/> Residence					
9b. FACILITY NAME (If not institution, give street and number) 2100 W. 50th Place					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) Jessie F. Danzy			12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Bus Driver			12b. KIND OF BUSINESS/INDUSTRY Chicago Transit Author:					
13a. RESIDENCE—STATE Indiana		13b. COUNTY Lake		13c. CITY, TOWN, OR LOCATION Gary			13d. STREET AND NUMBER 2100 W. 50th Place						
13e. ZIP CODE 46408		13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		14. CITIZEN OF WHAT COUNTRY? USA		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) Black		17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) -12- College (1-4 or 5+) -4-			
18. FATHER'S NAME (First, Middle, Last) Berry Davis					19. MOTHER'S NAME (First, Middle, Maiden Surname) Laura Woodruff								
20a. INFORMANT'S NAME (Type/Print) Jessie Fayetta Davis				20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2100 W. 50th PL., Gary, IN 46408				20c. Relationship Wife					
21a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Entombment <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 23, 2004 Ridgelawn Cemetery				21c. LOCATION—City or Town, State Gary, Indiana 46408						
22a. EMBALMER'S NAME Eddie Bulerin-Govain			22b. EMBALMER'S LICENSE NO. FD29700004			23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes							
24a. SIGNATURE OF FUNERAL DIRECTOR <i>Eddie Bulerin-Govain</i>			24b. LICENSE NUMBER (of Licensee) FD29700004		25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Ridgelawn Funeral Home 4201 W. Ridge Road, Gary, IN 46408 FH10200007								
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. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Hepatitis DUE TO (OR AS A CONSEQUENCE OF) b. Multi-organ Failure DUE TO (OR AS A CONSEQUENCE OF) c. Diabetes Mellitus, Type I DUE TO (OR AS A CONSEQUENCE OF) d. Unknown										Approximate Interval Between Onset and Death 1 year 3 months			
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)		28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? NO				
29a. CERTIFIER (Check only one) <input checked="" 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 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										29c. MEDICAL LICENSE NO. 01044809A		29d. DATE SIGNED (Month, Day, Year) July 26, 2004	
29b. SIGNATURE AND TITLE OF CERTIFIER <i>[Signature]</i>										30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) I. Benjamin Anigbo, M.D. 650 Grant St., Suite 5 Gary, IN 46404			
31. HEALTH OFFICER'S SIGNATURE <i>[Signature]</i>								32. DATE FILED (Month, Day, Year) JUL 26 2004					
33. MANNER OF DEATH <input 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 000028				
34a. 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.									



FILED

STEPHEN R. STIGLICH LAKE COUNTY AUDITOR

Handwritten initials/signature