10 ctrct 2

ATTENTION STATE: 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. 3879-05

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No. ....

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

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

1. DECEASED—NAME (First, Middle, Last): Silas Taylor	2. SEX: Male	3a. TIME OF DEATH: 7:48P M	3b. DATE OF DEATH (Month, Day, Yr.): November 3, 2005
4. *SOCIAL SECURITY NUMBER:	5a. AGE—Last Birthday (Years): 84	5b. UNDER 1 YEAR (Months, Days) / 5c. UNDER 1 DAY (Hours, Minutes):	6. DATE OF BIRTH (Mo, Day, Yr): May 13, 1921
7. BIRTHPLACE (City and State or Foreign Country): Butler, Alabama	8a. WAS DECEDENT A U.S. VETERAN?: Yes	8b. YEAR LAST SERVED IN U.S. ARMED FORCES?: 1945	9a. PLACE OF DEATH (Check only one. See instructions): HOSPITAL: ☒ Inpatient ☐ ER/Outpatient ☐ DOA; OTHER: ☐ Nursing Home ☐ Residence ☐ Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): Methodist Hospital Southlake	9c. CITY, TOWN, OR LOCATION OF DEATH: Merrillville	9d. COUNTY OF DEATH: Lake	
10. MARITAL STATUS (Specify): Married	11. SURVIVING SPOUSE (If wife, give maiden name): Mirtha Hampton	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Stove Man	12b. KIND OF BUSINESS/INDUSTRY: LTV Steel
13a. RESIDENCE—STATE: Indiana	13b. COUNTY: Lake	13c. CITY, TOWN, OR LOCATION: Gary	13d. STREET AND NUMBER: 1765 Hayes Street
13e. ZIP CODE: 46404	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): Black	17. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 6; College (1-4 or 5+):		

PARENTS

18. FATHER'S NAME (First, Middle, Last): Jim Taylor	19. MOTHER'S NAME (First, Middle, Maiden Surname): Mary Ruffin

INFORMANT

20a. INFORMANT'S NAME (Type/Print): Jacqueline Green	20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 9801 Broadmoor Lane Rowlett, Texas 75089	20c. Relationship: Daughter

DISPOSITION

21a. METHOD OF DISPOSITION: ☒ Burial ☐ Cremation ☐ Removal from State ☐ Entombment ☐ Donation ☐ Other (Specify)	21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): November 10, 2005 Ridgelawn Cemetery	21c. LOCATION—City or Town, State: Gary, Indiana
22a. EMBALMER'S NAME: Yolanda Landrum- Smith	22b. EMBALMER'S LICENSE NO.: FD20000361	23. WAS DEATH REPORTED TO CORONER?: ☒ No ☐ Yes
24a. SIGNATURE OF FUNERAL DIRECTOR: [signature]	24b. LICENSE NUMBER (of Licensee): FD20000361	25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME: FH19600034 Smith Bizzell & Warner Funeral Home 4209 Grant Street Gary, Indiana 46408

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

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. Failure to Thrive
DUE TO (OR AS A CONSEQUENCE OF)
b. Hypernatremia
DUE TO (OR AS A CONSEQUENCE OF)
c. CVA
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): 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)

CERTIFIER

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: [signature]
29c. MEDICAL LICENSE NO.: 02002106
29d. DATE SIGNED (Month, Day, Year): 11/11/05

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print): Dr. Rupesh Shah 202 E. 86th Pl. Merrillville IN 46410

HEALTH OFFICER

31. HEALTH OFFICER'S SIGNATURE: Susan W Best. D.O.
32. DATE FILED (Month, Day, Year): November 17, 2005

THIS CERTIFIES THE ABOVE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT

NOV 17 2005

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#1555

CAM

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

FILED

FEB 09 2006

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

2006 007814

2006 FEB 10 AM 8:41

MICHAEL A. BROWN RECORDER

FILED FOR RECORD LAKE COUNTY

Central Park Add N 20ft Lot 30 & S 10ft of Lot 31 Block 3

25-42-0058-0033

SDH06-004 State Form 10110 (R4/3-93) Deathcer/PD 1

Prescribed by the
State Board of Accounts
(2005)

County form 170

Declaration

This form is to be signed by the preparer of a document and recorded with each document in accordance with IC 36-2-7.5-5(a).

I, the undersigned preparer of the attached document, in accordance with IC 36-2-7.5, do herby affirm under the penalties of perjury:

1. I have reviewed the attached document for the purpose of identifying and, to the extent permitted by law, redacting all Social Security number in attached document.

2. I have redacted, to the extent permitted by law, each Social Security number in the attached document.

I, undersigned, affirm under the penalties of perjury, that the foregoing declarations are true.

Signature of Declarant

Bessie M Taylor

Printed Name of Declarant