• 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. 00-0336

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

Field	Entry
1. DECEASED—NAME (First, Middle, Last)	CLINTON TAYLOR
2. SEX	MALE
3a. TIME OF DEATH	11:00pm
3b. DATE OF DEATH (Month, Day, Yr)	APRIL 27, 2000
4. *SOCIAL SECURITY NUMBER	426-36-0941
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)	Nov. 20,1915
7. BIRTHPLACE (City and State or Foreign Country)	Yaza, Mississippi
8a. WAS DECEDENT A U.S. VETERAN?	No
8b. YEAR LAST SERVED IN U.S. ARMED FORCES?	
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)	4806 West 25th Avenue
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)	Dorothy Hogan
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired)	Steelworker
12b. KIND OF BUSINESS/INDUSTRY	LTV
13a. RESIDENCE—STATE	IN
13b. COUNTY	Lake
13c. CITY, TOWN, OR LOCATION	Gary
13d. STREET AND NUMBER	4806 W. 25th Ave.
13e. ZIP CODE	46404
13f. INSIDE CITY LIMITS	☐ No ☒ Yes
13g. ON A FARM?	☒ No ☐ Yes
14. CITIZEN OF WHAT COUNTRY?	USA
15. WAS DECEDENT OF HISPANIC ORIGIN? (If yes, specify Cuban, Mexican, Puerto Rican, etc.)	☒ No ☐ Yes
16. RACE—American Indian, Black, White, etc. (Specify)	Blk
17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) / College (1-4 or 5+)	11

PARENTS

Field	Entry
18. FATHER'S NAME (First, Middle, Last)	Charlie Taylor
19. MOTHER'S NAME (First, Middle, Maiden Surname)	Queen Etta Hopkins

INFORMANT

Field	Entry
20a. INFORMANT'S NAME (Type/Print)	Dorothy J. Taylor
20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)	4806 W. 25th Ave.,Gary,IN 46404
20c. Relationship	Wife

DISPOSITION

Field	Entry
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)	May 6, 2000 Oak Hill Cem.
21c. LOCATION—City or Town, State	Gary, IN
22a. EMBALMER'S NAME	Bonnie E. Tuggles, Jr.
22b. EMBALMER'S LICENSE NO.	FD9200084
23. WAS DEATH REPORTED TO CORONER?	☒ No ☐ Yes
24a. SIGNATURE OF FUNERAL DIRECTOR	Bonnie E. Tuggles Jr
24b. LICENSE NUMBER (of Licensee)	FD9200084
25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME	House of Robinson Funeral Dir. 1900 W. 15th Ave.,Gary,IN46404 19500007

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. Carcinomatosis

DUE TO (OR AS A CONSEQUENCE OF)

b. Carcinoma of the lung

DUE TO (OR AS A CONSEQUENCE OF)

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

c.

DUE TO (OR AS A CONSEQUENCE OF)

d.

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)

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 OF CERTIFIER: William V. Heilemann MD

29c. MEDICAL LICENSE NO.: IN 20248

29d. DATE SIGNED (Month, Day, Year): 5/5/00

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print): WILLIAM V. HEILEMANN MD 9????? CALUMET AVE MUNSTER IN 46321

HEALTH OFFICER

31. HEALTH OFFICER'S SIGNATURE: [signature] MD, MPH

32. DATE FILED (Month, Day, Year): MAY 24 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)

34h. MOTOR VEHICLE ACCIDENT? (Yes or no)

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

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FILED

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FEB 09 2006

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

11-

#1049/55

41-49-0374-0018

Cure's Grove Farm Lot 18 Block 3

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.

Dawn M. Dawkins
Signature of Declarant

Dawn M. Dawkins
Printed Name of Declarant