594143

17-72-1 Beverly Shores L. 1 Bl. 2

TYPE OR PRINT PLAINLY WITH UNFADING INK

THIS IS A

FILED

AUG 12 1980

AUDITOR LAKE COUNTY

THIS CERTIFIED COPY OF THE ABOVE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPT.

SEP 18 1963

DANIEL C. BERNOSKE M.D.
LAKE COUNTY HEALTH COMMISSIONER

Disposition Permit Issued 9/19/63

Provisional Certificate ☐ Yes ☒ No

Local No. 454-63 594143

INDIANA STATE BOARD OF HEALTH
DIVISION OF VITAL RECORDS
MEDICAL CERTIFICATE OF DEATH

State File No. 44063

Wilma Pierce
46 Michigan Ave
Hobart
46342

446

1. PLACE OF DEATH
a. COUNTY: LAKE
b. CITY, TOWN, OR LOCATION: HOBART
c. Length of Stay in this place: 22 YEARS
d. NAME OF HOSPITAL OR INSTITUTION: 200 HENRY STREET
e. IS PLACE OF DEATH INSIDE CITY LIMITS? YES ☒ NO ☐

2. RESIDENCE
a. STATE: INDIANA
b. COUNTY: LAKE
c. CITY, TOWN, OR LOCATION: HOBART
d. STREET ADDRESS: 200 HENRY STREET
e. IS RESIDENCE INSIDE CITY LIMITS? YES ☐ NO ☒
f. IS RESIDENCE ON A FARM? YES ☐ NO ☒

3. NAME OF DECEASED (Type or print): JOHN M DATSON
4. DATE OF DEATH: SEPTEMBER 19, 1963
5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: JAN. 3, 1896
9. AGE (Last birthday): 67
10. OCCUPATION (Kind of work done during most of working life, even if retired): RETIRED
11. KIND OF BUSINESS OR INDUSTRY: U. S. STEEL
12. BIRTHPLACE (State or foreign country): INDIANA
13. CITIZEN OF WHAT COUNTRY: USA
14. FATHER'S NAME: ROBERT C. DATSON
15. MOTHER'S MAIDEN NAME: MARY E. MORT
16. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): NO
17. SOCIAL SECURITY NO.: 303-03-3113
18. INFORMANT'S NAME: DELLIE M. DATSON
19. INFORMANT'S ADDRESS: 200 HENRY STREET HOBART, INDIANA
20. RELATIONSHIP TO DECEASED: WIFE

21. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) CARDIAC STANDSTILL — INTERVAL BETWEEN ONSET AND DEATH: IMMEDIATE
DUE TO (b) CARDIAC ENLARGEMENT, CORONARY SCLEROSIS — 20 YEARS
DUE TO (c) RHEUMATIC HEART DISEASE — 30 + YEARS
Conditions, if any, which gave rise to above cause (a) stating the underlying cause last.
PART II. Other significant conditions contributing to death but not related to the disease or condition causing it in Part I (a):
AORTIC MITRAL STENOSIS, PROSTATISM, GASTRIC RESECTION (1935)
22. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

23. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
24. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 21.)
25. DATE OF INJURY: Year Month Day Time a.m. p.m.
26. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
27. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
28. CITY, TOWN, OR LOCATION — COUNTY — STATE

29. ATTENDING PHYSICIAN: I certify that I attended the deceased from 1953 to 9-1963 and last saw him alive on Death occurred at 2:00 P.M. (C.D.T.) on the date stated above, and to the best of my knowledge, from the causes stated.
30. HEALTH OFFICER: I certify that I investigated cause of death of deceased and find that death occurred on at (C.D.T.) from causes stated and on above date.

31. Signature: Health Officer ☐ Attending Physician ☒
32. ADDRESS: 201 MAIN ST. HOBART, INDIANA
33. DATE FILED: 9-16-63

34. BURIAL (Cremation, Removal, Other): BURIAL
35. DATE: SEPT. 18, 1963
36. NAME OF CEMETERY OR CREMATORY: OAK RIDGE
37. LOCATION: GARY, INDIANA

38. DATE RECEIVED BY REGISTRAR: SEP 19 1963
39. SIGNATURE OF HEALTH OFFICER: DANIEL C. BERNOSKE, MD
40. FUNERAL DIRECTOR: E. PFLUEGHOEFT — ADDRESS: HOBART, INDIANA

S.F.D. 1948 Revised 1949 U. S. Department Health, Education and Welfare. Form Approved Budget Bureau No. 68-R016

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
AUG 12 1 37 PM '80
WILLIAM BIELSKI JR
RECORDER