

630665

TYPE OR PRINT
PLAINLY WITH
UNFADING INK
THIS IS A
PERMANENT
RECORD

Below for State Office Use

A
B
C
D
E
F
G
H
I
J
K
L
M
N
O
P
Q
R

Disposition Permit
Issued / /
Provisional
Certificate
 Yes No

630665 Local No.

FUNERAL HOME
No. 248
FUNERAL DIRECTOR'S
LICENSE No. 1984
EXBURGER ALVAE
Edo Warner
MAY 29 1981

TYPE OR PRINT
PLAINLY WITH
UNFADING INK
THIS IS A
PERMANENT
RECORD

DECEASED

IF DEATH
CERTIFICATE IS
ISSUED BY
STATE HEALTH
DEPARTMENT
OR BY HEALTH
DEPARTMENT
OF ANY OTHER
STATE

PARENTS

DISPOSITION

CERTIFIER

CONDITIONS
OF DEATH
WHICH MAY
BE APPLIED
TO THIS
CASE
STATE OF INDIANA
CAUSE OF
DEATH

CAUSE

Local No. 50-0923

INDIANA STATE BOARD OF HEALTH
CORONER'S CERTIFICATE OF DEATH

DECEASED - NAME WILEY LEASON JR.		SEX MALE	DATE OF DEATH (month, day, year) NOVEMBER 17, 1980
RACE - (e.g. White, Black, American Indian, etc.) AMER. BLK.	AGE - (year, month, day) 25	UNDER 1 YEAR MONTHS 50	UNDER 1 DAY HOURS 30
CITY, TOWN OR LOCATION OF DEATH GARY		HOSPITAL OR OTHER INSTITUTION (Name of hospital or other institution and number) 2909 WEST 11th AVENUE	IF DEPT. OF HEALTH HAS BEEN ADVISED (Yes or No) N/A
STATE OF BIRTH (month, day, year) INDIANA	CITIZEN OF WHAT COUNTRY U.S.A.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (check one) MARRIED	DECEASED SPOUSE (Name of spouse) MERCERDES ROYLETTA MOORE
SOCIAL SECURITY NUMBER 303-64-1244	USUAL OCCUPATION (Name of occupation and address of employer) WELDER	KIND OF BUSINESS OR INDUSTRY UNION TANK CO.	
RESIDENCE - STATE INDIANA	COUNTY LAKE	CITY, TOWN OR LOCATION GARY	
STREET AND NUMBER 2909 WEST 11th AVENUE		IS RESIDENCE ON A FARM? NO	
IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. NO			
FATHER - NAME WYLE LEASON SR.	MOTHER - MARY NAME EARLENE	DECEASED'S BIRTH (month, day, year) NOVEMBER 17, 1955	
DEPENDANT - NAME (Relationship) ROYLETTA LEASON (WIFE)	STARTING ADDRESS 2537 ADAMS STREET GARY INDIANA 46407	CITY OR TOWN GARY INDIANA 46407	
BURIAL, CREMATION, REMOVAL, OTHER (check one) BURIAL	CEMETERY OR CREMATORY - FUNERAL HOME EVERGREEN CEMETERY	LOCATION HOBART INDIANA	STATE INDIANA
DATE (month, day, year) NOVEMBER 22, 1980	FUNERAL HOME - NAME AND ADDRESS SMITH BIZZELL & WARNER, INC., 2295 WASH. ST., GARY, IND. 46407	STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP	
On the basis of observation and/or investigation, in my opinion death occurred at the time, date and place and due to the reported cause.		DATE SHOWN DEAD (month, day, year) 11-19-80	HOUR OF DEATH 1:50 PM
21a. Signature Albert J. Willardo, M.D.		21b. CH 11-17-80	21c. AT 1:50 PM
21. NAME AND ADDRESS OF CERTIFIER (Name and Address) DR. ALBERT J. WILLARDO, M.D., 2293 NO. MAIN STREET CROWN POINT, INDIANA 46307		DATE RECEIVED BY LOCAL HEALTH OFFICER NOV 20 1980	
22. HEALTH OFFICER - (Signature) E. N. Caldwell, M.D.		22b. NOV 20 1980	
23. IMMEDIATE CAUSE pneumonia, lobar		23b. Undetermined	
PART 1 24. ICD-9 CODE (Check one) 01		24b. Yes	
PART 2 25. OTHER SIGNIFICANT CONTRIBUTORS - (Check one) 0		25b. Yes	
ACC. BURIAL HOME, URGENT, OR PSYCHOLOGICAL INVEST. Natural	DATE OF INJURY (month, day, year) 26a.	HOUR OF INJURY 26b.	DESCRIBE HOW INJURY OCCURRED 26c.
INJURY AT WORK (Yes or No) 27a.	PLACE OF INJURY - (Name of street, factory, office building, etc.) 27b.	LOCATION 27c.	CITY OR TOWN 27d.
STATE 28a.	ZIP 28b.	STATE 28c.	

1153

RECORDED
MAY 20 1981
RADOLPH

250

630665

1

E. M. Caldwell
CERTIFIED COPY
NINTH TOWER SINGER

CITY OF CLARK, IND.
DATE MAY 26 1981