

631947

6/8/81 Checked terminal and index file. There is nothing under his name. ag

THIS CERTIFIES THE ABOVE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE HAMMOND HEALTH DEPT. 5-11-76 Date Issued

FILED JUN 8 1981

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

HAMMOND HEALTH COMMISSIONER

FUNERAL DIRECTOR'S LICENSE No. 286

SIGNATURE

631947 Local No. 375

INDIANA STATE BOARD OF HEALTH MEDICAL CERTIFICATE OF DEATH

PERMANENT INK SEE HANDBOOK FOR INSTRUCTIONS		DECEASED - NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH, DAY, YEAR)	
		1. Walter				Wilson	Male	3. May 10, 1976	
RACE		AGE - LAST BIRTHDAY (YEARS)	UNDER 1 YEAR	UNDER 1 DAY	DATE OF BIRTH		COUNTY OF DEATH		
4. White		5. 59	MO. DAYS	HOURS MIN.	6. July 1916		7a. Lake		
CITY, TOWN, OR LOCATION OF DEATH		INSIDE CITY LIMITS (SPECIFY YES OR NO)		HOSPITAL OR OTHER INSTITUTION - NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)					
7b. Hammond		7c. Yes		7d. St. Margaret Hospital					
STATE OF BIRTH (IF NOT IN U.S.A.)		CITIZEN OF WHAT COUNTRY		MARRIED () NEVER MARRIED ()		SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)			
8. Indiana		9. U.S.A.		10. WIDOWED () DIVORCED ()		11. N/A			
USUAL RESIDENCE WHERE DECEASED LIVED, IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION		SOCIAL SECURITY NUMBER		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)		KIND OF BUSINESS OR INDUSTRY			
12. 311-12-3594		13. Indiana		13b. OPERATOR		13c. City of Hammond			
RESIDENCE - STATE		CITY, TOWN OR LOCATION		INSIDE CITY LIMITS (SPECIFY YES OR NO)		COUNTY			
14a. Indiana		14b. Lake		14c. Whiting		14d. North			
STREET AND NUMBER		14e. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or undetermined, give war or dates of service)		15. RESIDENCE ON A FARM? (Yes, no, or undetermined, give war or dates of service)					
14f. 1531 Brown Ave.		14g. No N/A		14h. No N/A					
FATHER - NAME		FIRST	MIDDLE	LAST	MOTHER - MAIDEN NAME		FIRST	MIDDLE	LAST
19. Michael		Wilson		20. Marie		Renolds			
INFORMANT - NAME		RELATIONSHIP		MAILING ADDRESS (STREET OR R.P.D. NO., CITY OR TOWN, STATE, ZIP)					
17a. Marjorie Tunis		17b. Sister		17c. 6847 Missouri Ave. Hammond, In. 46323					
PART I. DEATH WAS CAUSED BY. (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH							
18. IMMEDIATE CAUSE		18a. 9 12 1976							
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST		18b. Coronary Vascular Accident							
CAUSE		18c. DUE TO, OR AS A CONSEQUENCE OF,							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)		19. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH							
DATE & TIME OF DEATH		MONTH	DAY	YEAR	HOUR	DATE SIGNED	MONTH	DAY	YEAR
20. 5 10 1976 10:50 AM		21a. 5 10 1976		21b. 5 10 1976					
PHYSICIAN'S NAME (TYPE OR PRINT) LAST IN ATTENDANCE		SIGNATURE OF PHYSICIAN		PHYS. CODE NO.					
22a. W.A. Renay M.D.		22b. Walter A. Renay M.D.		22c. 46321					
MAILING ADDRESS - PHYSICIAN		STREET OR R.P.D. NO.		CITY OR TOWN		STATE			
23. 513 Ridge Road, Munster, Indiana		24a. Burial		24b. St. Michael's		24c. Hammond Indiana			
BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY, CREMATORY, FUNERAL HOME		LOCATION					
24d. May 13, 1976		24e. St. Michael's		24f. Hammond Indiana					
DATE (MONTH, DAY, YEAR)		FUNERAL HOME - NAME AND ADDRESS		(STREET OR R.P.D. NO., CITY OR TOWN, STATE, ZIP)					
25a. May 13, 1976		25b. Virgil Huber Funeral Home, 7051 Kennedy Ave. Hammond, In. 46323		25c. 46323					
25d. Franklin J. Cornuda M.D.		RECEIVED BY LOCAL HEALTH OFFICER							
25e. 58408-003		MAY 11 1976							

RECORDED JUN 9 12 47 PM '81

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