



# INDIANA STATE BOARD OF HEALTH CORONER'S CERTIFICATE OF DEATH

State No. \_\_\_\_\_

Local No. 1166-80

DECEASED—NAME FIRST MIDDLE LAST <b>EVERETT W. WILSON</b>			SEX <b>Male</b>	DATE OF DEATH (MONTH, DAY, YEAR) <b>July 21, 1980</b>
RACE—(a) White, Black, American Indian, etc. (Specify) <b>White</b>	AGE—Last Birthday (Mo., Day) <b>59</b>	UNDER 1 YEAR MO. DAYS	UNDER 1 DAY HOURS MINS	DATE OF BIRTH (Mo., Day, Yr.) <b>8-5-13-1921</b>
CITY, TOWN OR LOCATION OF DEATH <b>Hobart</b>		HOSPITAL OR OTHER INSTITUTION—(Name if not in other, give street and number) <b>St. Mary Medical Center</b>		IF HOSP. OR INST. Includes DOA, OP/Emar. Res., Inpatient (Specify) <b>7d. D.O.A.</b>
STATE OF BIRTH (If not in U.S.A. specify country) <b>Missouri</b>	CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	SURVIVING SPOUSE (If wife, give maiden name) <b>Myra E. Felton</b>	
SOCIAL SECURITY NUMBER <b>314-14-4993</b>		USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Cleaner Operator</b>	KIND OF BUSINESS OR INDUSTRY <b>U.S. Steel Corp.</b>	
RESIDENCE—STATE <b>Indiana</b>	COUNTY <b>Lake</b>	CITY, TOWN OR LOCATION <b>Hobart</b>		IS RESIDENCE ON A FARM? 15e. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
STREET AND NUMBER <b>606 Willow Street</b>		IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. 16. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INSIDE CITY LIMITS (SPECIFY YES OR NO) <b>Yes</b>
FATHER—NAME FIRST MIDDLE LAST <b>Wess J. Wilson (deceased)</b>		MOTHER—MAIDEN NAME FIRST MIDDLE LAST <b>Inis Burriss (deceased)</b>		
DECEASED'S NAME (Type or print) RELATIONSHIP <b>Myra E. Wilson, wife</b>		MAILING ADDRESS STREET OR R.F.D. NO CITY OR TOWN STATE ZIP <b>4066 Willow St., Hobart, Indiana 46342</b>		
BURIAL, CREMATION, REMOVAL OTHER (Specify) <b>Burial</b>		CEMETERY OR CREMATORY—FUNERAL HOME <b>Evergreen Cemetery</b>		LOCATION CITY OR TOWN STATE <b>Hobart, Indiana</b>
DATE (MONTH, DAY, YEAR) <b>7-4-1980</b>		FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) <b>Rees Funeral Home, Inc., 600 W. Ridge Rd., Hobart, IN. 46342</b>		
On the basis of examination and/or investigation, in any opinion death occurred at the time, date and place and due to the accepted cause. <b>Albert J. Willardo, M.D. (R.P.)</b>		DATE SIGNED (Mo., Day, Yr.) <b>8-7-80</b>	HOUR OF DEATH <b>11:10 A.M.</b>	
NAME AND ADDRESS OF CERTIFIER (Type or Print) <b>ALBERT J. WILLARDO, M.D., 2293 NORTH MAIN ST., CROWN POINT, IN. 46307</b>		PRONOUNCED DEAD (Mo., Day, Yr.) <b>7-21-80</b>	PRONOUNCED DEAD (hour) <b>11:10 A.M.</b>	
HEADLINE SIGNATURE <b>Rees Frey M.D.</b>		DATE RECEIVED BY LOCAL HEALTH OFFICER <b>8-8-80</b>		
22. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) <b>Acute thrombotic occlusion of left coronary artery</b>		Interval between onset and death <b>Undetermined</b>		
PART I (a) DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death		
PART I (b) DUE TO CP, AS A CONSEQUENCE OF:		Interval between onset and death		
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)		Interval between onset and death		
ACC. SUICIDE, MOM., UNDET., OR PENDING INVEST. (Specify) <b>Natural</b>		DATE OF INJURY (Mo., Day, Yr.) <b>22b.</b>	HOUR OF INJURY <b>25c.</b>	DESCRIBE HOW INJURY OCCURRED <b>25d.</b>
INJURY AT WORK (Specify Yes or No) <b>26a.</b>		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) <b>26b.</b>		LOCATION CITY OR TOWN STATE <b>AUDITOR LAKE COUNTY</b>

**WRITE OR PRINT  
PLAINLY WITH  
UNFADING INK  
THIS IS A  
PERMANENT  
RECORD**

Below for State Office

- A \_\_\_\_\_
- B \_\_\_\_\_
- C \_\_\_\_\_
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Disposition Permit Issued / /

Provisional Certificate  
 Yes  No

FUNERAL HOME No. 306  
 FUNERAL DIRECTOR'S SIGNATURE: *Donald H. Grubbs*  
 LICENSE No. 2012  
 EMBALMER'S NAME: K. Grubbs  
 FUNERAL DIRECTOR'S SIGNATURE: *Donald H. Grubbs*  
 LICENSE No. 2012

LAKE COUNTY HEALTH COMMUNITY CENTER  
 JUN 26 1981  
 FILED

SEN-08-004 REV. 10/77 #18-120-19 *Result, Bkps. 2 to 8 Rejected, add all L. 19 Bl. 3*