INDIANA STATE BOARD OF HEALTH
CORONER'S CERTIFICATE OF DEATH

Local No. 8- 0703 (669 364)

State No.

TYPE OR PRINT IN UNFADING INK
THIS IS A PERMANENT RECORD
for State Office Use

PERMANENT INK. FOR INSTRUCTIONS SEE HANDBOOK

DECEASED

Field	Entry
1. Deceased—Name (First, Middle, Last)	William Rickman
2. Sex	M
3. Date of Death (Month, Day, Year)	9-12-81
4. Race	B
5a. Age—Last Birthday (Yrs.)	73
5b. Under 1 Year (Mos., Days)	
5c. Under 1 Day (Hours, Mins.)	
6. Date of Birth (Mo., Day, Yr.)	6-3-08
7a. County of Death	Lake
7b. City, Town or Location of Death	Gary
7c. Hospital or Other Institution	2174 Kentucky
7d. If Hosp. or Inst. Indicate DOA, OP/Emer. Rm., Inpatient	
8. State of Birth	Ill
9. Citizen of What Country	U.S.
10. Married, Never Married, Widowed, Divorced	Married
11. Surviving Spouse	
12. Was Decedent Ever in U.S. Armed Forces?	yes WWII
13. Social Security Number	359-05-4586
14a. Usual Occupation	Retired
14b. Kind of Business or Industry	U.S. Steel
15a. Residence—State	Ind
15b. County	Lake
15c. City, Town or Location	Gary
15d. Street and Number	2174 Kentucky
15e. Is Residence on a Farm?	No
15f. Inside City Limits	Yes
15g. Is Deceased of Spanish Descent?	No

PARENTS

Field	Entry
16. Father—Name	Unkown
17. Mother—Maiden Name	Unknown
18a. Informant—Name	Beatrice Lowe
18b. Mailing Address	2174 Kentucky Gary

DISPOSITION

Field	Entry
19a. Burial, Cremation, Removal, Other	Burial
19b. Cemetery or Crematory—Funeral Home	Evergreen
19c. Location	39th Sandusky Hobart
19d. Date (Month, Day, Year)	9-15-81
20. Funeral Home Name and Address	Cordian Smith 934 E. 21st ave

CERTIFIER

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) stated.

Field	Entry
21a. Signature	A. Willardo, M.D.
21b. Date Signed	9-22-81
21c. Hour of Death	
21d. Pronounced Dead On	9-12-81
21e. Pronounced Dead (Hour)	11:05 A.M. cdst
21f. Name and Address of Certifier	ALBERT T. WILLARDO, M.D., 2293 NORTH MAIN ST., CROWN POINT, IN. 46307
22a. Health Officer—Signature	E. N. Caldwell, M.D.
22b. Date Received by Local Health Officer	SEP 22 1981

CAUSE

23. Part I

	Cause	Interval between onset and death
(a) Immediate Cause	Cardio vascular pulmonary failure	Undetermined
(b) Due to, or as a consequence of	Due to arteriosclerotic heart & vascular disease	
(c) Due to, or as a consequence of		

Part II. Other significant conditions:

24. Autopsy: No

Field	Entry
25a. Acc., Suicide, Hom., Undet., or Pending Invest.	Natural
25b. Date of Injury	
25c. Hour of Injury	
25d. Describe How Injury Occurred	
25e. Injury at Work	
25f. Place of Injury	
25g. Location	

Disposition Permit Issued / /
Provisional Certificate Yes ☐ No

Funeral Home No. 231
Embalmer's Name: Cordian Smith — License No. 1231
Funeral Director's Name: Cordian Smith — License No. 657
Funeral Director's Signature: Cordian Smith

Norwood Prot A S. 25 Bl. 17 / S. 15 Lt 24 Bl. 17 / Dept # 45-97-26

FILED MAR 1982

SBH-06-004 REV. 10/77 State Form 10110

45-96-54

CERTIFIED COPY

E. N. Caldwell, M.D.

HEALTH COMMISSIONER
CITY OF GARY, IND.

DATE SEP 22 1981