

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

Below for State Office Use

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

FILED
 MAR 22 1982
 Disposition Permit Issued / /
 Provisional Certificate
 Yes No

APR 23 1981 5346
 LICENSE NO.

EMBALMER'S SIGNATURE
 William A. Sheets

FUNERAL DIRECTOR'S SIGNATURE
 W. D. Sheets

FUNERAL HOME
 427
 No.

662807

Local No. 613-81

INDIANA STATE BOARD OF HEALTH MEDICAL CERTIFICATE OF DEATH

State No. 458

TYPE OR PRINT IN PERMANENT INK FOR INSTRUCTIONS SEE HANDBOOK

DECEASED

PARENTS

M.D. OR D.O.

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE (LIST STATING THE UNDERLYING CAUSE LAST)

CAUSE

1 DECEASED—NAME FIRST MIDDLE LAST Willard C. Eades		SEX Male	DATE OF DEATH (MONTH, DAY, YEAR) 4-18-1981
2 RACE—(Indicate White, Black, American Indian, etc. in specifics) White	3 AGE—(Last birthday) 73	4 UNDER 1 YEAR MOS. DAYS bc	5 UNDER 1 DAY HOURS MINS bc
6 DATE OF BIRTH (Mo., Day, Yr.) 3-27-1908		7a COUNTY OF DEATH Lake	
7b CITY, TOWN OR LOCATION OF DEATH Crown Point		7c HOSPITAL OR OTHER INSTITUTION—(Name if not at home, give street and number) St Anthonys Hospital	
8 STATE OF BIRTH (Indicate U.S. & name country) Illinois		9 CITIZEN OF WHAT COUNTRY USA	10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
11 SOCIAL SECURITY NUMBER 312-09-9106		12 SURVIVING SPOUSE (If wife, give maiden name) Helen Besaw	
13 USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Pipefitter		14b KIND OF BUSINESS OR INDUSTRY Standard Oil	
15a RESIDENCE—STATE Indiana		15b COUNTY Lake	
15c CITY, TOWN OR LOCATION Shelby		15d STREET AND NUMBER 23219 Buchanan Street	
16a IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		16b IS RESIDENCE ON A FARM? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
17a FATHER—NAME FIRST MIDDLE LAST Charles M. Eades		17b MOTHER—MAIDEN NAME FIRST MIDDLE LAST Daisy Mae	
18a INFORMANT—NAME (Specify if informant) Helen Eades		18b MAILING ADDRESS STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP 23219 Buchanan Street Shelby, Indiana 46327	
19a BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		19b CEMETERY OR CREMATORY—FUNERAL HOME LOCATION CITY OR TOWN Lowell Memorial Park Lowell, Indiana	
20a DATE (MONTH, DAY, YEAR) 4-21-1981		20b FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) Sheets Funeral Home 604 E. Commercial Ave. Lowell, In. 46356	
21a NAME OF ATTENDING PHYSICIAN (Type or Print) Sampanta Boonjarern M.D.		21b DATE SIGNED (Mo., Day, Yr.) 4-23-81	
21c MAILING ADDRESS—PHYSICIAN 2068 Lucas Parkway Lowell, Indiana 46356		21d HOUR OF DEATH 7:22 p.m.	
22a HEALTH OFFICER—SIGNATURE William A. Sheets M.D.		22b DATE RECEIVED BY LOCAL HEALTH OFFICER 4-23-81	
23 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PLACING TORTAL IN AND (C)) PART I (a) Cardiopulmonary failure DUE TO OR AS A CONSEQUENCE OF Coronary artery disease, status post coronary artery bypass surgery; (b) chronic obstructive lung disease DUE TO OR AS A CONSEQUENCE OF Hepatic failure, renal failure, gangrene of small bowel, obstructive carcinoma of the colon		Interval between onset and death days Interval between onset and death months Interval between onset and death	
24 OTHER SIGNIFICANT CONDITIONS—(Conditions contributing to death but not related to cause given in PART I.)		24 No	