

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

Below for State Office Use

KEY 16-274-47  
VIKING VILLAGE SUB,  
LOT 47

B \_\_\_\_\_

C \_\_\_\_\_

D \_\_\_\_\_

E \_\_\_\_\_

F \_\_\_\_\_

G \_\_\_\_\_

H \_\_\_\_\_

I \_\_\_\_\_

J \_\_\_\_\_

K \_\_\_\_\_

L \_\_\_\_\_

1 \_\_\_\_\_

2 \_\_\_\_\_

3 \_\_\_\_\_

4 \_\_\_\_\_

5 \_\_\_\_\_

6 \_\_\_\_\_

7 \_\_\_\_\_

8 \_\_\_\_\_

9 \_\_\_\_\_

10 \_\_\_\_\_

11 \_\_\_\_\_

12 \_\_\_\_\_

EMBALMER'S NAME: David C. Meyer

FUNERAL HOME: H.D. Meyer

FUNERAL DIRECTOR'S SIGNATURE: [Signature]

FUNERAL HOME: 306

FUNERAL DIRECTOR'S SIGNATURE: [Signature]

LAKE COUNTY HEALTH COMMISSIONER: [Signature]

LAKE COUNTY HEALTH COMMISSIONER: [Signature]

Local No. 085127  
1438-82

INDIANA STATE BOARD OF HEALTH  
MEDICAL CERTIFICATE OF DEATH

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

DECEASED - NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH DAY YEAR)	
1		Floyd	A.	Williams	Male	August 29, 1982	
RACE - (e.g. White, Black, American Indian, etc.) (Specify)		AGE - Last Birthday (Yr M D)		UNDER 1 YEAR	UNDER 1 DAY	DATE OF BIRTH (Mo Day Yr)	COUNTY OF DEATH
4 White		5a 67		5b	5c	6 2-27-1915	7a Lake
CITY, TOWN OR LOCATION OF DEATH				HOSPITAL OR OTHER INSTITUTION (Name if not in other spec. street and number)		IF HOSP OR INST. indicate DOA (Dr. Emer. Rm., Inpatient) (Specify)	
7b Hobart				7c St. Mary Medical Center		7d Inpatient	
STATE OF BIRTH (If not in U.S.A. name Country)		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	SURVIVING SPOUSE (If wife give maiden name)		WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yr M D)
8 Michigan		9 U.S.A.		Married	11 Ruth E. Yates		12 Yes
SOCIAL SECURITY NUMBER				USUAL OCCUPATION (Give kind of work done during most of working life even if retired)		KIND OF BUSINESS OR INDUSTRY	
13 382-05-2308				14a Steel Worker		14b U.S. Steel Corp.	
RESIDENCE - STATE		COUNTY		CITY, TOWN OR LOCATION		IS RESIDENCE ON A FARM? (Specify YES OR NO)	
15a Indiana		16b Lake		15c Hobart		15d Yes <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
STREET AND NUMBER				IS RESIDENCE ON A FARM? (Specify YES OR NO)		INSIDE CITY LIMITS (Specify YES OR NO)	
15d 3323 Jay Street				15e YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		15f Yes	
IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC.							
15g YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
FATHER - NAME		FIRST	MIDDLE	LAST	MOTHER - MAIDEN NAME		FIRST
16 Henry Williams					17 Ila Mockerman		
INFORMANT - NAME (Type or print)		RELATIONSHIP		MAILING ADDRESS (STREET OR R.T.D. NO)		CITY OR TOWN	
17a Ruth Williams, wife		17b		3323 Jay Street, Hobart, Indiana		46342	
BURIAL, CREMATION, REMOVAL, OTHER (Specify)				CEMETERY OR CREMATORY - FUNERAL HOME		LOCATION (CITY OR TOWN)	
19a Burial				19b Evergreen Cemetery		19c Hobart, Indiana	
DATE (MONTH DAY YEAR)				FUNERAL HOME - NAME AND ADDRESS (STREET OR R.T.D. NO., CITY OR TOWN, STATE ZIP)		HOUR OF DEATH IN	
20a September 1, 1982				20b Rees Funeral Home, Inc. 600 W. Ridge Rd., Hobart		46342-4	
To the best of my knowledge, death occurred at the mo., date and place and due to the cause(s) stated				DATE SIGNED (Mo Day Yr)		HOUR OF DEATH IN	
21a [Signature]				21b 9/1/82		21c 5:31 P.M.	
NAME OF ATTENDING PHYSICIAN (Type or Print)							
21d [Signature]							
MAILING ADDRESS - PHYSICIAN							
21e [Signature]							
HEALTH OFFICER - SIGNATURE						DATE RECEIVED BY LOCAL HEALTH OFFICER	
22a [Signature]						22b 9-9-82	
23 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE (1) AND (1))							
PART I (a) Cardiac Arrest							
(b) Due to OR AS A CONSEQUENCE OF Coronary artery disease							
(c) Due to OR AS A CONSEQUENCE OF							
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I (a)						AUDITORS LAKE COUNTY	
24 No						AUTOPSY (Specify, Yes or No)	

FILED

OCT 25 1982

[Signature]  
AUDITOR LAKE COUNTY

24 No