

TYPE OR PRINT  
PLAINLY WITH  
UNFADING INK

685502

INDIANA STATE BOARD OF HEALTH  
MEDICAL CERTIFICATE OF DEATH

State No. 1982

Local No. 82-06-11

2072

**FILED**

THIS IS A  
PERMANENT  
RECORD

for State Office

OCT 27 1982

Office of Auditor Lake County

LICENSE No. 1235

FUNERAL HOME LICENSE No. 255

FUNERAL DIRECTOR'S LICENSE No. 65

TYPE OR PRINT IN PERMANENT INK FOR INSTRUCTIONS SEE HANDBOOK

DECEASED

USUAL RESIDENCE WHERE DECEASED LIVED AT DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION

PARENTS

DISPOSITION

M.D. OR D.O.

CONDITIONS WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

CAUSE

DECEASED—NAME 1 ARTHUR WYSINGER JR.				SEX MALE	DATE OF DEATH (MONTH, DAY YEAR) Sept. 25, 1982
RACE—(a) White, Black, American Indian, etc. (Specify) 4 BLACK	AGE—Last Birthday (Year) 5a 75	UNDER 1 YEAR 5b	UNDER 1 DAY 5c HOURS MINS	DATE OF BIRTH (Mo. Day Yr.) 8 9-3-07	COUNTY OF DEATH 7a LAKE
CITY, TOWN OR LOCATION OF DEATH 7b GARY		HOSPITAL OR OTHER INSTITUTION—Name (If not in other, give street and number) 7c GARY, MERCY		IF HOSP. OR INST. (Indicate by DOA, OP, etc. with appropriate ICD-9 code) 7d INP	
STATE OF BIRTH (If not in U.S. give name and country) 8 ALA.	CITIZEN OF WHAT COUNTRY 9 U.S.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) 10 MARRIED	SURVIVING SPOUSE (If wife, give maiden name) 11 WILLIE MAE WYSINGER		WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No) 12 YES
SOCIAL SECURITY NUMBER 13 306-09-2201		USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 14a RETIRED	KIND OF BUSINESS OR INDUSTRY 14b U.S. STEEL		
RESIDENCE—STATE 15a IND.	COUNTY 15b LAKE	CITY, TOWN OR LOCATION 15c GARY		IS RESIDENCE ON A FARM? 15e YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
STREET AND NUMBER 15d 1308 WAITE ST.				INSIDE CITY LIMITS (Specify Yes or No) 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 16 ARTHUR WYSINGER SR.			MOTHER—MAIDEN NAME 17 ELLA PRAMBLE		
INFORMANT—NAME (If type of printer) 18a WILLIE MAE WYSINGER WIFE		RELATIONSHIP 18b WIFE	MAILING ADDRESS 18c 1308 WAITE ST.	CITY OR TOWN 18d GARY	STATE 18e IND.
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a Burial		CEMETERY OR CREMATORY—FUNERAL HOME 19b Oak Hill		LOCATION 19c Gary Ind	
DATE (MONTH DAY YEAR) 20a Sept. 29, 1982		FUNERAL HOME—NAME AND ADDRESS 20b Anderson-Snyder 934 E 21st St		HOUR OF DEATH 20c	
To the best of my knowledge, death occurred at the date and place and due to the cause(s) stated. 21a (Signature) Herschel Bornstein, M.D.					21c
NAME OF ATTENDING PHYSICIAN (If type of Printer) 21d MERSCHER BORNSTEIN, M.D., Inc. 3233 BROADWAY • PH. 884-0272 GARY, INDIANA 46409					
MAILING ADDRESS—PHYSICIAN 21e				DATE RECEIVED BY LOCAL HEALTH OFFICER 22b OCT 7 1982	
HEALTH OFFICER—SIGNATURE 22a W. Caldwell, M.D.				22c	
PART I IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a) AND (b)) 23 (a) Langueure of the lower extremities 23 (b) anterior occlusion obliterans 23 (c)					
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I 24 Diabetes Mellitus					

47-168-3  
Fairmont Real Estate Co's 1st Add.  
At 3:30 PM

EMBALMER'S NAME: [Signature]  
FUNERAL DIRECTOR'S SIGNATURE: [Signature]

OCT 27 1982  
WILLIAM BILSKI JR.  
REORDER

CERTIFIED COPY  
*S. N. Caldwell, M.D.*  
HEALTH COMMISSIONER  
CITY OF GARY, IND.  
DATE OCT - 4 1982