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699934 Local No.

82-0484

INDIANA STATE BOARD OF HEALTH CORONER'S CERTIFICATE OF DEATH

State No. LAWYERS TITLE INS. CORP. 1982 BROADWAY MERRILLVILLE, IND 46410

FILED

MAR 28 1983

Sealed & Released AUDITOR LAKE COUNTY

FUNERAL DIRECTOR'S LICENSE No. 2280

EMBALMER'S NAME Keith Dillon

FUNERAL DIRECTOR'S SIGNATURE Keith Dillon

DECEASED - NAME WINNIE ROLL Female DATE OF DEATH July 15 1982 RACE White AGE 66 UNDER 1 YEAR 5b DAYS 5c HOURS 5d MIN 5e DATE OF BIRTH Dec. 12, 1915 COUNTY OF DEATH Lake CITY, TOWN OR LOCATION OF DEATH 7b Gary HOSPITAL OR OTHER INSTITUTION 7c 4301 Buchanan IF HOSP OR INST IMPROVE DOA 7d 46410 STATE OF BIRTH 8 Illinois CITIZEN OF WHAT COUNTRY 9 U.S.A. MARRIED NEVER MARRIED, WIDOWED DIVORCED 10 Widowed SURVIVING SPOUSE 11 --- WAS DECIDENT EVER IN U.S. ARMED FORCES? 12 No SOCIAL SECURITY NUMBER 13 342-20-5382 USUAL OCCUPATION 14a Cook KIND OF BUSINESS OR INDUSTRY 14b Illinois Bell RESIDENCE - STATE 15a Indiana COUNTY 15b Lake CITY, TOWN OR LOCATION 15c Gary STREET AND NUMBER 15d 4301 Buchanan IS RESIDENCE ON A FARM? 16a YES NO 16b NO INSIDE CEM. MONTS 16c YES NO 16d YES PARENTS 16 FATHER - NAME Henry Charles Coleman 17 MOTHER - MAIDEN NAME Ada Fannion Hatton INFORMANT - NAME 18a Pauline Coleman - Sister in law RELATIONSHIP 18b Sister in law MAILING ADDRESS 18c 1172 Taylor Avenue Highland Park, Illinois 60035 CITY OR TOWN 18d Highland Park STATE 18e Illinois BURIAL 19a Burial BURIAL CREMATION REMOVAL OTHER 19b Removal CEMETERY OR CREMATORIUM 19c Kelley & Spalding Funeral Home Ridgewood Cemetery LOCALITY 19d Highland Park, Illinois 19e DesPlains, Illinois DISPOSITION 20a Burial DATE 20b Removal - 7-15-82 FUNERAL HOME - NAME AND ADDRESS 20c Geisen Funeral Home, Inc., 7905 Broadway, Merr., In. 46410 DATE 20d Burial - 7-19-82 CERTIFIER 21a Signature Albert T. Willardo, M.D. DATE SIGNED 21b 7-15-82 HOUR OF DEATH 21c M PRONOUNCED DEAD 21d ON 7-14-82 21e AT 1:45 p. M HEALTH OFFICER - SIGNATURE E. H. Caldwell, M.D. DATE RECEIVED BY LOCAL HEALTH OFFICER 22b JUL 16 1982 PART I 23 IMMEDIATE CAUSE (a) Vascular collapse (b) Due to arteriosclerotic heart & vascular disease (c) Undetermined PART II 24 OTHER SIGNIFICANT CONDITIONS (a) No ALTOPOSTY 24 No CAUSE 25a Natural DATE OF INJURY 25b PLACE OF INJURY 25c HOUR OF INJURY 25d DESCRIBE HOW INJURY OCCURRED 25e LOCATION 25f STREET OR R.F.D. NO. 25g CITY OR TOWN 25h STATE 25i

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

PARENTS

DISPOSITION

CERTIFIER

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

CAUSE

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SENT FILED COPY
E. H. Caldwell, M.D.
HEALTH COMMISSIONER
CITY OF GARY, IND.
DATE JUL 16 1907