

TYPE OR PRINT  
PLAINLY WITH  
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Local No. **463-83**  
**705194**  
 TYPE OR PRINT  
IN  
PERMANENT  
INK  
FOR  
INSTRUCTIONS  
SEE  
HANDBOOK  
**DECEASED**

DEATH  
 OCCURRED IN  
 INSTITUTION  
 IF MAKEBOOK  
 IN CLERKING  
 COMPLETION OF  
 RESIDENCE ITEMS  
 LAKE COUNTY HEALTH COMMISSIONER

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

INDIANA STATE BOARD OF HEALTH  
CORONER'S CERTIFICATE OF DEATH

State No. \_\_\_\_\_  
 DATE OF DEATH (MONTH DAY YEAR)  
**March 19, 1983**

DECEASED - NAME <b>LEONARD D. WIGNALL</b>		SEX <b>Male</b>	DATE OF DEATH (MONTH DAY YEAR) <b>March 19, 1983</b>
RACE - 1a <b>White</b>	AGE - Last Birthday (Yr) <b>69</b>	UNDER 1 YEAR MO. DAYS HOURS MINS	DATE OF BIRTH (Mo. Day Yr) <b>1913 August 30</b>
CITY, TOWN OR LOCATION OF DEATH <b>Lake Station</b>		HOSPITAL OR OTHER INSTITUTION - Name (if not on list, give street and number) <b>2333 Spenner Street - Home</b>	
STATE OF BIRTH (If not in U.S.A. Name Country) <b>Iowa</b>	CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	SURVIVING SPOUSE (If wife give maiden name) <b>JoAnn Angle</b>
SOCIAL SECURITY NUMBER <b>306-09-5574</b>		USUAL OCCUPATION (Give kind of work done during most of working life, give dates) <b>RETIRED - Ironworker</b>	KIND OF BUSINESS OR INDUSTRY <b>CONSTRUCTION</b>
RESIDENCE - STATE <b>Indiana</b>	COUNTY <b>Lake</b>	CITY, TOWN OR LOCATION <b>Lake Station</b>	INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>
STREET AND NUMBER <b>2333 Spencer Street</b>		IS RESIDENCE ON A FARM? 15a YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	15b
IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. 16g YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
FATHER - NAME <b>Alfred Wignall</b>		MOTHER - MAIDEN NAME <b>Maude Pritchard</b>	
INFORMANT - NAME <b>Mrs. JoAnn Wignall, WIFE</b>	RELATIONSHIP <b>WIFE</b>	MAILING ADDRESS (STREET OR R.F.D. NO. CITY OR TOWN STATE) <b>2333 Spencer Street, Lake Station, IN 46405</b>	17
BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Burial</b>	CEMETERY OR CREMATORY - FUNERAL HOME <b>Calvary Cemetery</b>	LOCATION (CITY OR TOWN STATE) <b>Portage, Indiana</b>	
DATE (MONTH DAY YEAR) <b>March 21, 1983</b>	FUNERAL HOME - NAME AND ADDRESS (STREET OR R.F.D. NO. CITY OR TOWN STATE) <b>FRUM FUNERAL HOME, INC., 1307 Central Av., Lake Station, IN 46405</b>		
21a Signature <b>Albert T. Willardo, M.D.</b>		DATE SIGNED (Mo. Day Yr) <b>3-21-83</b>	HOUR OF DEATH <b>1:07 a.</b>
NAME AND ADDRESS OF CERTIFIER (If not Willardo) <b>ALBERT T. WILLARDO, M.D., 2293 NORTH MAIN ST., CROWN POINT, IN. 46307</b>		21c PRONOUNCED DEAD (Mo. Day Yr) <b>3-19-83</b>	21d AT <b>M</b>
HEALTH OFFICER - SIGNATURE <b>Peen Jerry M.D.</b>		DATE RECEIVED BY LOCAL HEALTH OFFICER <b>3-23-83</b>	
23 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a) AND (c)) <b>Marked emphysema of lungs</b>			Interval between onset and death <b>Undetermined</b>
PART I (a) (b) (c) DUE TO OR AS A CONSEQUENCE OF			Interval between onset and death
PART II (d) (e) (f) DUE TO OR AS A CONSEQUENCE OF			Interval between onset and death
24 AUTOPSY (Specify Yes or No) <b>Yes</b>			
ACC. SUICIDE MOM. UNDER OR PENDING INVEST (Specify) <b>NH LOCAL</b>	DATE OF INJURY (Mo. Day Yr) <b>25b</b>	HOUR OF INJURY <b>25c</b>	DESCRIBE HOW INJURY OCCURRED <b>25d</b>
INJURY AT WORK (Specify) <b>25a</b>	PLACE OF INJURY - At home farm street factory office building etc. (Specify) <b>25i</b>	EDUCATION <b>25g</b>	STREET OR R.F.D. NO. CITY OR TOWN STATE <b>25h</b>

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