

TYPE OR PRINT  
PLAINLY WITH  
UNFADING INK

THIS IS A  
PERMANENT  
RECORD

Below for State Office Use

THIS CERTIFIES THE ABOVE IS A TRUE AND  
COMPLETE COPY OF THE CERTIFICATE OF DEATH  
FILED WITH THE HAMMOND HEALTH DEPT.

NOV 24 1982  
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MAR 1 1986

845684

Local No.

916

KENNETH ANDERSON (SUITE D)  
9105 INDIANAPOLIS BLVD, H9LD, IN 46322  
INDIANA STATE BOARD OF HEALTH  
MEDICAL CERTIFICATE OF DEATH

State No.

730

THOMAS J. BURNS  
FUNDAL HOME  
AUDITOR LAKE 496

LICENSE No. 4518  
FUNDAL DIRECTOR'S LICENSE No. 2381

EMBALMER'S NAME: THOMAS J. BURNS  
FUNDAL DIRECTOR'S SIGNATURE: *Thomas J. Burns*

TYPE OR PRINT IN PERMANENT INK FOR INSTRUCTIONS SEE HANDBOOK

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

PARENTS

DISPOSITION

M.D. OR D.O.

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

CAUSE

DECEASED—NAME FIRST MIDDLE LAST Wilfred G. Worland			SEX Male	DATE OF DEATH (MONTH, DAY, YEAR) November 21, 1982	
RACE—(a) White, Black, American Indian, etc. (Specify) 4. White	AGE—Last Birthday (Yr.) 5a 77	UNDER 1 YEAR MOs DATES 5b	UNDER 1 DAY HOURS MINS 5c	DATE OF BIRTH (Mo., Day, Yr.) 6 9/8/1905	COUNTY OF DEATH 7a. Lake
CITY, TOWN OR LOCATION OF DEATH 7b. Hammond		HOSPITAL OR OTHER INSTITUTION—Name (if not in other give street and number) 7c. St. Margaret Hospital		IF HOSP. OR INST. Indicate DOA, Of/Emor. Rm., Inpatient (Specify) 7d. Inpatient	
STATE OF BIRTH (if not in U.S. & name country) 8. Indiana	CITIZEN OF WHAT COUNTRY 9. U.S.A.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 10. Married	SURVIVING SPOUSE (if wife, give maiden name) 11. Stella Titus		WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No) 12. No
SOCIAL SECURITY NUMBER 13. 311-03-5047		USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 14a. Guard		KIND OF BUSINESS OR INDUSTRY 14b. Monon RR	
RESIDENCE—STATE 16a. Indiana	COUNTY 15b. Lake	CITY, TOWN OR LOCATION 15c. Hammond			
STREET AND NUMBER 15d. 4743 Sheffield Avenue			IS RESIDENCE ON A FARM? 15e. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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. Joseph Worland		MOTHER—MAIDEN NAME 17. Gertrude Collins Kellenberger			
INFORMANT—NAME (Type or Print) RELATIONSHIP 18a. Stella Worland/Wife		MAILING ADDRESS STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP 18b. 4743 Sheffield Avenue Hammond, Indiana 47904			
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a. Burial		CEMETERY OR CREMATORY—FUNERAL HOME 19b. Elmwood Cemetery		LOCATION CITY OR TOWN STATE ZIP 19c. Hammond, Indiana 47904	
DATE (MONTH, DAY, YEAR) 20a. November 24, 1982		FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 20b. Burns-Kish Funeral Homes, Inc. Munster, Indiana			
To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated 21a. (Signature) <i>James B. Walshura</i>		DATE SIGNED (Mo., Day, Yr.) 21b. 11/22/82	HOUR OF DEATH 21c. 7:15 P M		
NAME OF ATTENDING PHYSICIAN (Type or Print) 21d. James B. Walshura					
MAILING ADDRESS—PHYSICIAN 21e. 5305 <del>W. 11th St.</del> 304 Yale Bldg., Hammond, Ind. 46320					
HEALTH OFFICER—SIGNATURE 22a. <i>[Signature]</i>			DATE RECEIVED BY LOCAL HEALTH OFFICER 22b. NOV 24 1982		
23. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) AND (c))					
PART I (a) CARDIAC ARREST		Interval between onset and death 0			
(b) CARDIOGENIC SHOCK		Interval between onset and death 18 HRS.			
(c) ACUTE MYOCARDIAL INFARCTION		Interval between onset and death 31 Hours			
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)				AUTOPSY (Specify Yes or No) 24. NO	
ACUTE MYOCARDIAL INFARCTION 8 DAYS PRIOR TO DEATH					