

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

Below for State Office Use

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ALL
RECORDS
RELATIVE
TO
DEATHS
OCCURRING
WITHIN
THE
STATE
OF
INDIANA
FROM
1983
TO
1986
ARE
HEREBY
CERTIFIED
TO
BE
TRUE
AND
CORRECT
COPIES
OF
THE
ORIGINAL
RECORDS
ON
FILE
WITH
THE
STATE
HEALTH
DEPARTMENT

854648

Local No. 316-86

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

State No.

867

FILED
FUNERAL HOME
MAY 19 1986
AUDITOR LAKE COUNTY

1986
TYPE OR PRINT IN PERMANENT INK
INSTRUMENT NO.
HANDWRITING
DEATH

DECEASED NAME Robert James Wilson		SEX M	DATE OF DEATH 1/24/86
RACE Black	AGE 68	DATE OF BIRTH 5/11/17	COUNTY OF DEATH Lake
CITY, TOWN OR LOCATION OF DEATH Merrillville	HOSPITAL OR OTHER INSTITUTION Methodist Hospital South Lake		IF HOSP OR INST No
STATE OF BIRTH Miss.	CITIZEN OF WHAT COUNTRY U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED Married	SURVIVING SPOUSE Gazella Wilson
SOCIAL SECURITY NUMBER 714-18-0884	USUAL OCCUPATION Retired	KIND OF BUSINESS OR INDUSTRY L. T. V. Steel Corp.	
RESIDENCE STATE In.	COUNTY Lake	CITY, TOWN OR LOCATION Gary	
STREET AND NUMBER 3527 West 21st Ave.		IS RESIDENCE ON A FARM? NO	INSIDE CITY LIMITS yes
IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN CUBAN PUERTO RICAN ETC. NO			
FATHER - NAME Lonnie Wilson		MOTHER - MAIDEN NAME Maudie Ball	
INFORMANT - NAME Gazella Wilson		RELATIONSHIP Wife	MAILING ADDRESS 3527 West 21st Ave. Gary, In. 46404
BURIAL Burial		CEMETERY OR INTERMENT PLACE Evergreen	LOCATION Hobart
DATE 1/29/86		FUNERAL HOME - NAME AND ADDRESS Guy & Allen Funeral Directors Inc. Gary, In. 46404	
NAME OF ATTENDING PHYSICIAN DR. John T. Scully		DATE SIGNED Feb 9, 1986	DEATH ORDER CLAY
MAILING ADDRESS 8895 Broadway Merrillville, Indiana 46410		DATE RECEIVED BY LOCAL HEALTH OFFICER FEB 11 1986	
HEALTH OFFICER Paul Johnson		DATE RECEIVED BY LOCAL HEALTH OFFICER FEB 11 1986	
PART I IMMEDIATE CAUSE congestive heart failure with Ventricular Fibrillation		INTERMEDIATE CAUSE 2 weeks	
PART II CAUSE Ischemic Heart Disease		INTERMEDIATE CAUSE one year	
PART III CAUSE Type 2 Diabetes Mellitus		INTERMEDIATE CAUSE 10 years +	
PART IV OTHER SIGNIFICANT CONDITIONS Diabetic Glomerulosclerosis with Nephric		OTHER SIGNIFICANT CONDITIONS Chronic Obstructive Pulmonary Disease	

EMBALMER'S NAME
Roosevelt Allen

FUNERAL DIRECTOR'S SIGNATURE
Guy & Allen

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

PARENTS

DISPOSITION

M. D. OR D. O.

CONDITIONS IF ANY WHEN CAUSE TO MAINTAIN CAUSE STATING THE UNDERLYING CAUSE LAST

CAUSE

400