

TYPE OR PRINT  
PLAINLY, WITH  
UNEADING INK

928117

INDIANA STATE BOARD OF HEALTH  
MEDICAL CERTIFICATE OF DEATH

State  
No.

Local No. 375-86

*Charles E. Dwyer*  
*Six E 67th Ave. N. 46416*

Below State Office Use

**FILED** IS A PERMANENT RECORD JUL 15 1987

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1617 *Carol N. Cantor*  
AUDITOR LAKE COUNTY  
FUNERAL HOME No. 750

LICENSE No. \_\_\_\_\_  
FUNERAL DIRECTOR'S LICENSE No. 94

Edgar Gleim  
FUNERAL DIRECTOR'S SIGNATURE

TYPE OR PRINT IN PERMANENT INK FOR INST. THINGS SEE HANDBOOK

DECEASED

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

PARENTS

DISPOSITION

M.D. OR D.O.

CAUSE

|  |   |   |   |  |
|--|---|---|---|--|
| DECEASED NAME<br>1 <b>William M. Evans</b>   |   |   | SEX<br>Male   | DATE OF DEATH (MONTH DAY YEAR)<br>February 22, 1986                      |
| RACE (See Who's Black American Indian or Spanish)<br>4 <b>White</b>  | AGE Last Birthday (Years)<br>74 <b>GR</b>   | UNDER 1 YEAR<br>DAYS  | UNDER 1 DAY<br>HOURS MIN.   | DATE OF BIRTH (Month Day Year)<br>June 17, 1917                          |
| CITY, TOWN OR LOCATION OF DEATH<br>7a <b>Crown Point</b>   |   | HOSPITAL OR OTHER INSTITUTION (Name, street and number)<br>7b <b>St. Anthony Hospital</b>                       |   | IF HOSP OR INST (Specify DOA or Imp or Inpatient)<br>7d <b>Inpatient</b> |
| STATE OF BIRTH (Name of U.S. State or Country)<br>8 <b>Tenn.</b>   | CITIZEN OF WHAT COUNTRY<br>9 <b>U.S.A.</b>  | MARRIED NEVER MARRIED WIDOWED DIVORCED (Specify)<br>10 <b>Married</b>   | SURVIVING SPOUSE (Name and maiden name)<br>11 <b>Marjorie Brown</b> |  |
| SOCIAL SECURITY NUMBER<br>13 <b>408-26-2731</b>  |   | USUAL OCCUPATION (Specify not of work done during most of working life from 1-5 years)<br>14a <b>Millwright</b> | KIND OF BUSINESS OR INDUSTRY<br>14b <b>Steel</b>                    |  |
| RESIDENCE--STATE<br>15a <b>Indiana</b>   | COUNTY<br>15b <b>Lake</b>   | CITY, TOWN OR LOCATION<br>15c <b>Merrillville</b>   |   | STREET AND NUMBER<br>15d <b>209 East 71st Avenue</b>                     |
| IS RESIDENCE ON A FARM?<br>15e YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>   |   |   | INSIDE CITY LIMITS (Specify YES or NO)<br>15f <b>Yes</b>            |  |
| IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN CUBAN PUERTO RICAN ETC<br>15g YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>   |   |   |   |  |
| FATHER--NAME FIRST MIDDLE LAST<br>16 <b>John G. Evans</b>  |   | MOTHER--MAIDEN NAME FIRST MIDDLE<br>17 <b>Josie</b>   |   |  |
| INFORMANT NAME (Type or print)<br>18a <b>Marjorie Evans</b>  | RELATIONSHIP<br><b>Wife</b>   | MAILING ADDRESS STREET OR P.O. NO.<br>18b <b>709 East 71st Avenue</b>   | CITY OR TOWN<br><b>Merrillville, Indiana</b>                        | STATE<br><b>Ind</b>  |
| BURIAL, CREMATION, REMOVAL, OTHER (Specify)<br>19a <b>Burial</b>   | CEMETERY OR CREMATORY--FUNERAL HOME<br>19b <b>Prospect Cemetery</b>   | LOCATION CITY OR TOWN STATE ZIP<br>19c <b>Hollow Rock, Tenn</b>   |   |  |
| DATE (MONTH DAY YEAR)<br>20a <b>February 25, 1986</b>  | FUNERAL HOME--NAME AND ADDRESS (STREET OR P.O. NO. CITY OR TOWN STATE ZIP)<br>20b <b>Kulper Funeral Home 9039 Kleinman Rd. Highland, IN 46322</b> |   |   |  |
| To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.<br>21a (Signature) <i>Bennie F. Carpenter M.D.</i> |   | DATE SIGNED (Mo Day Year)<br>21b <b>Feb. 24, 1986</b>   | HOUR OF DEATH<br>21c <b>7:00 AM</b>                                 |  |
| NAME OF ATTENDING PHYSICIAN (Type or Print)<br>21d <b>Bennie F. Carpenter M.D.</b>   |   | MAILING ADDRESS PHYSICIAN<br>21e <b>122 N. Court - Crown Point, Ind. 46307</b>                                  |   |  |
| HEALTH OFFICER (Signature)<br>22a <i>Paul Johnson</i>  |   | DATE RECEIVED BY LOCAL HEALTH OFFICER<br>22b <b>2-24-86</b>   |   |  |
| 23 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a) AND (b))   |   |   |   |  |
| PART (a) <b>Hepatic Failure - Cont.</b>  |   | Interval between onset and death<br><b>1 week</b>   |   |  |
| DUE TO OR AS A CONSEQUENCE OF  |   | Interval between onset and death<br><b>Unknown</b>  |   |  |
| PART (b) <b>Metastatic Pheochromocytoma - Primary Site Unknown</b>   |   | Interval between onset and death  |   |  |
| DUE TO OR AS A CONSEQUENCE OF  |   | Interval between onset and death  |   |  |
| PART (c)   |   | Interval between onset and death  |   |  |
| PART II OTHER SIGNIFICANT CONDITIONS (Conditions contributing to death but not related to cause given in PART I)   |   |   |   | AUTOPSY (Specify Yes or No)<br>24  |

PUBLIC RECORDS  
 JUL 16 9 11 AM '86

Key # 15-25-42 FH L2 NE SW NW S. 15 T35 R.8 214.59X75 ft .37 ac