

933631

INDIANA STATE BOARD OF HEALTH
CORONER'S CERTIFICATE OF DEATH44657 234-73
LAWYERS TITLE INS. CORP.
7802 BROADWAY
MERRILLVILLE, IN 46410

Local No. 234-73

PERMANENT INK
SEE HANDBOOK FOR
INSTRUCTIONS

DECEASED—NAME			FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH, DAY, YEAR)	
1. WILLIAM			J.	GRIMMER JR.	2. MALE	3.	APRIL 23, 1973	
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)		AGE—LAST BIRTHDAY (YEARS)	UNDER 1 YEAR MOB.	UNDER 1 DAY DAYS	DATE OF BIRTH (MONTH, DAY, YEAR)	COUNTY OF DEATH		
4. WHITE		5a. 40	5b.	5c.	6. 6-18-1932	7a. LAKE		
CITY, TOWN, OR LOCATION OF DEATH			INSIDE CITY LIMITS (SPECIFY YES OR NO)	HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)				
7b. CROWN POINT			7c. NO	7d. 9018 COLFAX STREET				
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)		
8. INDIANA		9. UNITED STATES		10. MARRIED		11. EVELYN PARKER		
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)			KIND OF BUSINESS OR INDUSTRY			
12. 403-32-0753		13a. CARPENTER			13b.			
RESIDENCE—STATE		COUNTY		CITY, TOWN OR LOCATION		INSIDE CITY LIMITS (SPECIFY YES OR NO)		TOWNSHIP
14a. INDIANA		14b. LAKE		14c. CROWN POINT		14d. NO		14e. ST. JOHN
STREET AND NUMBER			14g. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)			15 RESIDENCE ON A FARM?		
14f. 9018 COLFAX STREET			NO			14h. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		

DECEASED

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

PARENTS

FATHER—NAME			FIRST	MIDDLE	LAST	MOTHER—MAIDEN NAME			FIRST	MIDDLE	LAST
15. WILLIAM			J.	GRIMMER SR.	16.	VERONICA			AUSTGEN		
INFORMANT—NAME					RELATIONSHIP		MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)				
17a. EVELYN GRIMMER					17b. WIFE		17c. 9018 COLFAX ST., CROWN POINT, IND.				

AUG 06 1987

PART I. DEATH WAS CAUSED BY:		[ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
18. IMMEDIATE CAUSE		(a) GUNSHOT WOUND OF CHEST WITH DESTRUCTION OF HEART		INSTANT	
DUE TO, OR AS A CONSEQUENCE OF:		(b) AND RIGHT LUNG. EXSANGUINATION.			
DUE TO, OR AS A CONSEQUENCE OF:		(c)			
PART II. OTHER SIGNIFICANT CONDITIONS ORIGINATING IN PART I (A)		CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE		AUTOPSY (YES OR NO)	
				19a. YES	
IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH				19b.	

AUG 18 1973

CAUSE OF DEATH		ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)		DATE OF INJURY (MONTH, DAY, YEAR)		HOUR		HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)			
19. BURGIDE		20a.		20b. APRIL 27, 1973		20c. M.		20d. Deceased shot self			
INJURY AT WORK (SPECIFY YES OR NO)		PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE, ETC. (SPECIFY)		LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)							
20e.		20f. HOME		20g. 9018 COLFAX STREET, CROWN POINT, INDIANA							

CORONER'S CERTIFICATION		R—ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE (B) STATED.					
DEATH OCCURRED		THE DECEDENT WAS PRONOUNCED DEAD				DATE SIGNED	
21a. 9:30 A.M.		21b. APRIL 23		1973		21c. 10:00 A.M.	
21d. APRIL 26, 1973							

CERTIFIER—NAME (TYPE OR PRINT)			SIGNATURE			(DEGREE OR TITLE)		
22a. A. T. WILLARDO, M.D.			22b. A. T. WILLARDO, M.D.					
MAILING ADDRESS—CERTIFIER			STREET OR R.F.D. NO.		CITY OR TOWN		STATE	
23. 30 DOUGLAS			HAMMOND		INDIANA		46408	

BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY, CREMATORY, FUNERAL HOME		LOCATION	
24a. BURIAL		24b. CHAPEL LAWN CEMETERY		24c. SCHERERVILLE, INDIANA	
DATE (MONTH, DAY, YEAR)		FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)			
24d. APRIL 25, 1973		25a. FAGEN FUNERAL GARDENS, 2824 HIGHWAY AVENUE, HIGHLAND, INDIANA			

BURIAL

SIGNATURE OF HEALTH OFFICER		DATE RECEIVED BY LOCAL HEALTH OFFICER	
25b. PETER STECY, M.D.		25c. APRIL 10, 1973	

SBH-113-4

PRINT
WITH
INK
PERMANENT
RED

Office Use

1186

LICENSE No.

ROBERT L. MILLER

EMBALMER'S NAME

FUNERAL HOME

FUNERAL DIRECTOR'S

N. W. FAGEN

FUNERAL DIRECTOR'S SIGNATURE

No. 303

851

LICENSE No.

N. W. FAGEN

FUNERAL DIRECTOR'S SIGNATURE

THIS CERTIFIES THE ABOVE IS A TRUE AND
COMPLETE COPY OF THE CERTIFICATE OF
DEATH ON FILE WITH THE LAKE COUNTY
HEALTH DEPT.

FILED