Below for State Office Use: A B C D E F G H I J K L 1 2 3 4 5 6 7 8 9 10 11 12

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

600 W. Ridge Rd
Hobart, 46342
Rees Funeral Home

943271 Local No. 1648-87

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

State No.

FUNERAL HOME No. FDH3003069

Field	Entry
1 Deceased—Name (First, Middle, Last)	ORVILLE D. WILLIAMS
2 Sex	M
3 Date of Death	AUGUST 31, 1987
4 Race	WHITE
5a Age—Last Birthday	70
6 Date of Birth	JULY 21, 1917
7a County of Death	LAKE
7b City, Town or Location of Death	HOBART, INDIANA
7c Hospital or Other Institution	ST. MARY MEDICAL CENTER
7d If Hosp. or Inst.	INPATIENT
8 State of Birth	ILLINOIS
9 Citizen of What Country	USA
10 Married, Never Married, Widowed, Divorced	MARRIED
11 Surviving Spouse	DOROTHY SCHROEDER
12 Was Decedent Ever in U.S. Armed Forces?	NO
13 Social Security Number	311-05-5517
14a Usual Occupation	ACCOUNTANT
14b Kind of Business or Industry	ACCOUNTING BUSINESS
15a Residence—State	INDIANA
15b County	LAKE
15c City, Town or Location	HOBART, INDIANA
15d Street and Number	228 NORTH VIRGINIA
15e Is Residence on a Farm?	Yes ☐ No ☒
15f Inside City Limits	YES
15g Is Deceased of Spanish Descent?	Yes ☐ No ☒
16 Father—Name	EARL WILLIAMS (DEC)
17 Mother—Maiden Name	LOUIS KYGER (DEC)
18a Informant—Name, Relationship	DOROTHY WILLIAMS (WIFE)
18b Mailing Address	228 NORTH VIRGINIA HOBART, IN 46342
19a Burial, Cremation, Removal, Other	BURIAL
19b Cemetery or Crematory	EVERGREEN CEMETERY
19c Location	HOBART IN
20a Date	SEPTEMBER 4, 1987
20b Funeral Home—Name and Address	REES FUNERAL HOME, 600 WEST RIDGE ROAD, HOBART, IN 46342
21a Signature (M.D. or D.O.)	[signature]
21b Date Signed	9-3-87
21c Hour of Death	11:10 P.M.
21d Name of Attending Physician	DR. ROBERT WYLIE
21e Mailing Address—Physician	1400 SOUTH LAKE PARK AVENUE, SUITE 500, HOBART, INDIANA 46342
22a Health Officer—Signature	Paul B. Johnson [signature]
22b Date Received by Local Health Officer	9-4-87
23 Immediate Cause (a)	Cardiopulmonary arrest
Due to, or as a consequence of (b)	poss acute myocardial infarction — vs pulm. embolism
Other Significant Conditions	chr. obst. pul emphysema, post status coronary by-pass aortic valve replacement and aorto-femoral by-pass generalized arteriosclerosis, cong. heart failure, blindness
24 Autopsy	NO

This certifies the above is a true copy of the record on file. SEP 4 1987

EMBALMER'S NAME PETER N. MORIKIS LICENSE No. FDE8600652
FUNERAL DIRECTOR'S SIGNATURE [signature] LICENSE No. FDE1041083

FILED OCT 13 1987
Anna N. Antonas
AUDITOR LAKE COUNTY

LILLIAN BLASTICK RECORDER LAKE COUNTY
FILED FOR RECORD OCT 13 1987

(87) 18-1234-8 Villa Shore 5th Add. L-8 B-2

SBH 06-003 State Form 35430
REV. 10/77

4.00