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

952484
 Local 24-1138

INDIANA STATE BOARD OF HEALTH *Lydia B. Laster*
 CORONER'S CERTIFICATE OF DEATH *2057 Willard*
 Death No. *Nancy 46402*

PERMANENT INK SEE HANDBOOK FOR INSTRUCTIONS		DECEASED—NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH, DAY, YEAR)	
		Willie L. Laster					Male	December 20, 1974	
RACE (SPECIFY)		AGE—LAST BIRTHDAY (YEARS)	UNDER 1 YEAR MOS.	UNDER 1 DAY HOURS	DATE OF BIRTH (MONTH, DAY, YEAR)	COUNTY OF DEATH			
Negro		50 55	06	02	7/18/19	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)				
Gary			yes		2057 Willard 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)			
Alabama		U.S.A.		Married		Lydia Jones			
USUAL RESIDENCE WHERE DECEASED LIVED IF DEATH OCCURRED IN INSTITUTION GIVE RESIDENCE BEFORE ADMISSION		SOCIAL SECURITY NUMBER		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE EVEN IF RETIRED)		KIND OF BUSINESS OR INDUSTRY			
17 422-12-7010		13a Youngstone Sheet & Tube						13b	
RESIDENCE—STATE		COUNTY		CITY, TOWN OR LOCATION		INSIDE CITY LIMITS (SPECIFY YES OR NO)		TOWNSHIP	
14a Indiana		14b Lake		14c Gary		14d yes		14e Calumet	
STREET AND NUMBER			14g WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, GIVE NO. OR DATES OF SERVICE)		14f IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input type="checkbox"/>				
14i 2057 Willard Street			yes WW II						
FATHER—NAME		FIRST	MIDDLE	LAST	MOTHER—MAIDEN NAME		FIRST	MIDDLE	LAST
15 Willie Laster					16 Unknown				
INFORMANT—NAME		RELATIONSHIP		MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)					
17a Lydia Laster		17b Wife		2057 Willard St. Gary, Indiana					
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) Hemothorax					DEC 21 1974		
CONDITIONS IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (A), STATING THE UNDERLYING CAUSE LAST		DUE TO, OR AS A CONSEQUENCE OF:							
		(b) Dissecting aneurysm					DEC 21 1974		
		DUE TO, OR AS A CONSEQUENCE OF:							
		(c)							
PART II. OTHER SIGNIFICANT CONDITIONS		CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE		AUTOPSY (YES OR NO)		IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH?			
				19a YES		19b YES			
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)		DATE OF INJURY (MONTH, DAY, YEAR)		HOUR		HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART II, ITEM 18)			
DEC 2 1987 Natural		70b		70c M 70d		P 11 07			
INJURY AT WORK (SPECIFY YES OR NO)		PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)		LOCATION		(STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)			
70e		70f		70g		70h			
CORONER'S CERTIFICATION		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 IS STATED		THE DECEDENT WAS PRONOUNCED DEAD		DATE SIGNED (MONTH, DAY, YEAR)			
AUDITOR LAKE COUNTY		M 21b December 20 1974		HOUR		M 21c 12 30 74			
CERTIFIER—NAME (TYPE OR PRINT)		SIGNATURE		CITY OR TOWN		STATE		ZIP	
22a William H. Mott, M.D.		22b <i>William H. Mott</i>		Gary		Indiana		46402	
MAILING ADDRESS—CERTIFIER		STREET OR R.F.D. NO.		CITY OR TOWN		STATE		ZIP	
23 751 Washington Street		24a Evergreen Cemetery		24b Hobart, Indiana					
BURIAL, CALMATION, REMOVAL (SPECIFY)		CEMETERY, CREMATORY, FUNERAL HOME		LOCATION		CITY OR TOWN		STATE	
24c Burial		24d Evergreen Cemetery		24e Hobart, Indiana					
DATE (MONTH, DAY, YEAR)		FUNERAL HOME—NAME AND ADDRESS		(STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)					
24f 12/28/74		25a Smith Bizzell & Warner, P.O. 2295 Wash St. Gary, Ind. 46407							
25b		25c		25d		25e		25f	
								DEC 31 1974	

FUNERAL HOME No. 248
 FUNERAL DIRECTOR'S LICENSE No. 1984

LICENSE No.

Ede Warner

EMBALMER'S NAME

FUNERAL DIRECTOR'S SIGNATURE *Ede Warner*

FILED

DEC 2 1987

Below for State Office Use
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MV 100

12/27/85

OFFICE

100 N. W. 10th

James T. ...

HEALTH COMMISSIONER
CITY OF GARY, IND.

DATE FEB 20 1986