

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

10 304x  
**952484**  
Local # 4-1138

INDIANA STATE BOARD OF HEALTH  
CORONER'S CERTIFICATE OF DEATH

*Lydia B. Laster*  
*2057 Willard*  
Death No. *Racy 46402*

PERMANENT INK SEE HANDBOOK FOR INSTRUCTIONS		DISEASE—NAME			SEX	DATE OF DEATH (MONTH, DAY, YEAR)	
1		Willie	L.	Laster	Male	December 20, 1974	
2		RACE (WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY))	AGE—LAST BIRTHDAY (YEARS)	UNDER 1 YEAR MOS. DAYS	UNDER 1 DAY HOURS MIN.	DATE OF BIRTH (MONTH, DAY, YEAR)	
3		Negro	35			7/18/39	
4		CITY, TOWN, OR LOCATION OF DEATH			HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)		
5		Gary			2057 Willard Street		
6		STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)	
7		Alabama		U.S.A.		10 Married	
8		SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)		11 Lydia Jones			
9		USUAL RESIDENCE WHERE DECLARED LIVED IF DEATH OCCURRED IN INSTITUTION GIVE RESIDENCE BEFORE ADMISSION		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)		KIND OF BUSINESS OR INDUSTRY	
12		422-12-7010		12a Youngstone Sheet & Tube		13b	
13		RESIDENCE—STATE	COUNTY	CITY, TOWN OR LOCATION	INSIDE CITY LIMITS (SPECIFY YES OR NO)	TOWNSHIP	
14a		Indiana	Lake	Gary	14d. YES	14c. Calumet	
14b		STREET AND NUMBER			14g WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, no. or maximum) If yes, give year or dates of service)		
14i		2057 Willard Street			yes WW II		
14j		RESIDENCE ON A FARM?			14k. YES <input type="checkbox"/> NO <input type="checkbox"/>		
15		FATHER—NAME FIRST MIDDLE LAST			MOTHER—MAIDEN NAME FIRST MIDDLE LAST		
16		Willie Laster			16a Unknown		
17a		FATHER—NAME FIRST MIDDLE LAST		RELATIONSHIP			
17b		Lydia Laster		17b Wife			
17c		MOTHER—MAIDEN NAME FIRST MIDDLE LAST		MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)			
17d		Lydia Laster		2057 Willard St. Gary, Indiana			
18		PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
18a		IMMEDIATE CAUSE				STATE OF INDIANA	
18b		(a) Hemothorax				DEC 21 1974	
18c		CONDITIONS IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (A), STATING THE UNDERLYING CAUSE LAST				FILED	
18d		DUE TO, OR AS A CONSEQUENCE OF:				TAXI	
18e		(b) Dissecting aneurysm				COUNTY	
18f		DUE TO, OR AS A CONSEQUENCE OF:				CITY	
18g		(c)				S.S. NO.	
19		OTHER SIGNIFICANT CONDITIONS		CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE		ALL OTHERS (YES OR NO)	
20						19b. YES	
21		ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)		DATE OF INJURY (MONTH, DAY, YEAR)		HOUR	
22		Natural		20b December 20		20c. M 20d	
23		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)	
24		23a		23b		23c	
25		CORONER'S CERTIFICATION					
26		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(S) STATED					
27		THE DECEDENT WAS PRONOUNCED DEAD (MONTH, DAY, YEAR)		DATE SIGNED (MONTH, DAY, YEAR)			
28		M 21b. December 20 1974		M 21c. 12 30 74			
29		CERTIFIER—NAME (TYPE OR PRINT)		SIGNATURE		DEGREE OR TITLE	
30		22a. William H. Mott, M.D.		22b. <i>William H. Mott</i>		Coroner	
31		MAILING ADDRESS—CERTIFIER		CITY OR TOWN		STATE ZIP	
32		751 Washington Street		Gary		Indiana 46402	
33		BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY, CREMATORY, FUNERAL HOME		LOCATION CITY OR TOWN STATE	
34		24a. Burial		24b. Evergreen Cemetery		24c. Hobart, Indiana	
35		DATE (MONTH, DAY, YEAR)		FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)			
36		24d. 12/28/74		25a. Smith Bizzell & Warner, P.O. # 2295 Wash. St. Gary, Ind. 46407			
37		25b. OFFICE OF HEALTH				DATE RECEIVED BY LOCAL HEALTH OFFICER	
38		25c. <i>William H. Mott</i>				25d. DEC 31 1974	

FUNERAL HOME No. 248  
 FUNERAL DIRECTOR'S LICENSE No. 1984  
 Ed Warner  
 FUNERAL DIRECTOR'S SIGNATURE  
 ENHALMER'S NAME  
 LICENSE No.

**FILED**

DEC 2 1974

Below for State Office Use

A *D*

B *1*

C *4260*

D *1*

E *1*

F *1*

G *1*

H *1*

I *1*

J *1*

1 *1*

2 *1*

3 *1*

4 *1*

5 *1*

6 *1*

7 *1*

8 *1*

*DMV*