

LTIC 49625

LAWYERS TITLE INS. CORP.
ONE PROFESSIONAL CENTER
SUITE 215
CROWN POINT, IN 46307

INDIANA STATE BOARD OF HEALTH MEDICAL CERTIFICATE OF DEATH

State No. **299100**

60031et
TYPE OR PRINT
PLAIN INK WITH
UNFADING INK
THIS IS A
PERMANENT
RECORD

092767

Local No. **87-0048**

TYPE OR PRINT
IN PERMANENT
INK FOR
INSTRUCTIONS
SEE
HANDBOOK

FUNERAL HOME
No. 770

FUNERAL DIRECTOR'S
LICENSE No. 659

LICENSE No. 5170

EMBALMER'S NAME Roosevelt Allen Jr.

FUNERAL DIRECTOR'S
SIGNATURE *Victory S. Allen*

DECEASED

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

DISPOSITION

M.D.
OR
D.O.

CONDITIONS
IF ANY
WHICH GAVE
RISE TO
IMMEDIATE
CAUSE
STAYING THE
UNDERLYING
CAUSE LAST

CAUSE

DECEASED—NAME Buster Brown Willett		SEX Male	DATE OF DEATH—MONTH DAY YEAR January 19, 1987
RACE—10g Black	AGE—Last birthday 54	DATE OF BIRTH—MO. DAY YEAR 12/27/1932	COUNTY OF DEATH Lake
CITY TOWN OR LOCATION OF DEATH Gary	HOSPITAL OR OTHER INSTITUTION—Name of institution, street and number 1336 Ellsworth St.		IF HOSP OR INST YES OR NO
STATE OF BIRTH Tennessee	CITIZEN OF WHAT COUNTRY U.S.A	MARRIED NEVER MARRIED WIDOWED DIVORCED Married	SURVIVING SPOUSE—Name of spouse, maiden name Mae Liza Edmonds
SOCIAL SECURITY NUMBER 408-46-3809	USUAL OCCUPATION—10c Retired Steelworker	KIND OF BUSINESS OR INDUSTRY American Bridge	
RESIDENCE—STATE Indiana	COUNTY Lake	CITY, TOWN OR LOCATION Gary	
STREET AND NUMBER 1336 Ellsworth St.		IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	INSIDE CITY LIMITS YES OR NO YES
IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
FATHER—NAME Louis Willett	MOTHER—MAIDEN NAME Rosa Lee Lewis		
INFORMANT—NAME Mae Liza Willett—Wife	RELATIONSHIP Wife	MAILING ADDRESS 1336 Ellsworth St Gary Indiana 46404	
BURIAL, CREMATION, REMOVAL, OTHER Burial	CEMETERY OR CREMATORY—FUNERAL HOME Oak Hill Cemetery	LOCATION Gary Indiana	
DATE January 23, 1987	FUNERAL HOME—NAME AND ADDRESS Guy & Allen Funeral Directors, Inc	CITY OR TOWN STATE ZIP Gary Indiana 46404	
SIGNATURE <i>James T. Hedrick, M.D.</i>		DATE SIGNED Jan 28 1987	HOUR OF DEATH 9:07 AM
HEALTH OFFICER—SIGNATURE <i>James T. Hedrick, M.D.</i>		DATE RECEIVED BY LOCAL HEALTH OFFICER JAN 28 1987	
IMMEDIATE CAUSE PART I (a) Coronary pathology			
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)			

Below for State Office Use

A. Bender & Son Stand Co's
S 1/2 Rt 9 Bl 3 all Rt
#47-57-12

FILED
MAR 30 1987



STATE OF INDIANA'S S. NO.
LAKE COUNTY
FILED IN REC'D
REC'D REORDER
FILED

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496025
4 form
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James T. Hedrick, Jr.

HEALTH COMMISSIONER
CITY OF GARY, INDIANA
JAN 28 2007