

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

093627

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

State No.

Local No. 142

Below for State Office Use

- A _____
- B _____
- C _____
- D _____
- E _____
- F _____
- G _____
- H _____
- I _____
- J _____
- K _____
- L _____
- 1 _____
- 2 _____
- 3 _____
- 4 _____
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- 6 _____
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- 8 _____
- 9 _____
- 10 _____
- 11 _____
- 12 _____

FUNERAL HOME
No. FDH3002801

FUNERAL DIRECTOR'S
LICENSE No. FDEI013507

LICENSE No. FDEI013507

C. AULT

FUNERAL DIRECTOR'S SIGNATURE

TYPE OR PRINT IN PERMANENT INK FOR INSTRUCTIONS SEE HANDBOOK

DECEASED

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

PARENTS

DISPOSITION

M.D. OR D.O.

CONDITIONS CONTRIBUTING TO IMMEDIATE CAUSE OF DEATH LIST THE CONTROLLING CAUSE LAST

CAUSE

DECEASED NAME James Oliver Williams			SEX Male	DATE OF DEATH MONTH DAY YEAR April 28, 1987
RACE White	AGE 72	UNDER 1 YEAR MTHS DAYS	UNDER 1 DAY HRS MINS	DATE OF BIRTH MONTH DAY YEAR 12/21/1914
CITY TOWN OR LOCATION OF DEATH East Chicago		HOSPITAL OR OTHER INSTITUTION St. Catherine Hospital		IF HOSP OR INST. OF EMERGENCY DEPT. inpatient
STATE OF BIRTH Illinois	CITIZEN OF WHAT COUNTRY U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED married	SURVIVING SPOUSE Rebecca Kruskol	WAS DECEASED EVER IN U.S. ARMED FORCES? no
SOCIAL SECURITY NUMBER 306-01-6536		USUAL OCCUPATION Molder	NO. OF BUSINESS OR INDUSTRY Blaw-Knox [retired]	
RESIDENCE - STATE Indiana	COUNTY Lake	CITY TOWN OR LOCATION Hammond		
STREET AND NUMBER 7336 Alexander			IS RESIDENCE ON A FARM? no	INSIDE CITY LIMITS SPECIAL YES OR NO yes
IS DECEASED OF SPANISH DESCENT? YES SPECIFY: ITALIAN, CUBAN, PORTUGUESE, ETC. no				
FATHER - NAME James Arthur Williams		MOTHER - MAIDEN NAME Edna Ruth Wallace		
INFORMANT - NAME Mrs. Rebecca Williams [wife]		RELATIONSHIP [wife]	MAILING ADDRESS 7336 Alexander	CITY OR TOWN STATE ZIP Hammond, Indiana 46323
DISPOSITION Burial		CEMETERY OR CREMATORY - FUNERAL HOME Floral Hill Cemetery		LOCATION CITY OR TOWN STATE Hoopeston, Illinois
DATE May 1, 1987		FUNERAL HOME - NAME AND ADDRESS Bocken Funeral Home, Inc. 7042 Kennedy Ave. Hammond, Ind.		
SIGNATURE M. Gambetta		DATE SIGNED 4/29/87	HOUR OF DEATH 2:45	STATE OF INDIANA'S S. NO. FILED FOR RECORD LAKELAND COUNTY
NAME OF ATTENDING PHYSICIAN Miguel A. Gambetta, M.D.		RECORDED 9 52 AM		
MAILING ADDRESS - PHYSICIAN 4320 Fir Street East Chicago, Indiana 46312		DATE RECEIVED BY LOCAL HEALTH OFFICE 4-29-87		
HEALTH OFFICER - SIGNATURE E.A. Campagnano		DATE RECEIVED BY LOCAL HEALTH OFFICE 4-29-87		
IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))				
PART I (a) CARDIAC ARREST		INTERVAL BETWEEN ONSET AND DEATH 15 MINUTES		
(b) ATHEROSCLEROTIC HEART DISEASE		INTERVAL BETWEEN ONSET AND DEATH 10 YEARS		
(c) CONGESTIVE HEART FAILURE		INTERVAL BETWEEN ONSET AND DEATH 6 MONTHS		
PART II OTHER SIGNIFICANT CONDITIONS (Conditions contributing to death but not reported to cause in PART I.)				

FILED
MIGUEL A. GAMBETTA
AUDITOR LAKE COUNTY

001115

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