

151747

INDIANA STATE BOARD OF HEALTH CORONER'S CERTIFICATE OF DEATH

State No.

Local No. **85-0764**

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

DECEASED—NAME 1. Donald C. Weber			SEX 2. Male	DATE OF DEATH (MONTH, DAY, YEAR) 3. Dec. 2, 1985
RACE—(1) White, (2) Black, American Indian, (3) (Specify)	AGE—Last Birthday (Yr)	UNDER 1 YEAR MO. DAYS	UNDER 1 DAY HOURS MINS	DATE OF BIRTH (Mo., Day, Yr)
4. White	5a. 75	5b.	5c.	6. Aug. 29, 1910
CITY, TOWN OR LOCATION OF DEATH 7a. Gary		HOSPITAL OR OTHER INSTITUTION—(Name if not in index, give street and number) 7c. 279 Calhoun St.		7b. Lake
STATE OF BIRTH (if not in U.S.A. name country) 8. Illinois	CITIZEN OF WHAT COUNTRY 9. USA	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 10. Married	SURVIVING SPOUSE (if with plus mother name) 11. Evelyn (Larson) Weber	
SOCIAL SECURITY NUMBER 12. 354-05-9091		USUAL OCCUPATION (Give kind of work done during most of working life, from 1940 on) 13a. Construction Worker		KIND OF BUSINESS OR INDUSTRY 13b. Operator
RESIDENCE—STATE 14a. Indiana	COUNTY 14b. Lake	CITY, TOWN OR LOCATION 14c. Gary		14d. 279 Calhoun St.
STREET AND NUMBER		IS RESIDENCE ON A FARM? 15a. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INSIDE CITY LIMITS (Specify city or town) 15b. Yes
16. 279 Calhoun St.				
17. NO				
18. NO				
PARENTS FATHER—NAME (FIRST MIDDLE LAST) 18. Henry Weber		MOTHER—MAIDEN NAME (FIRST MIDDLE LAST) 19. Ella Graff		
INFORMANT—NAME (Typed name) 20. Evelyn Weber - Spouse		RELATIONSHIP 20. Spouse	MARRIAGE ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 21. 279 Calhoun St., Gary, Ind. 46406	
DISPOSITION BURIAL, CREMATION, REMOVAL, OTHER (Specify) 22. Burial		CEMETERY OR CREMATORY—FUNERAL HOME 23. Memory Lane Cemetery		LOCATION (CITY OR TOWN, STATE) 24. Schererville, Ind.
DATE (MONTH, DAY, YEAR) 25. Dec. 5, 1985		FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 26. Randina Funeral Home, 5100 Cleveland St. Gary, In 46408		
CERTIFIER 27. Daniel D. Thomas, M.D.		DATE SIGNED (Mo., Day, Yr) 28. 12/3/85	HOUR OF DEATH 29. 7:25 A.M.	
NAME AND ADDRESS OF CERTIFIER (Type or Print) 27. DANIEL D. THOMAS, M.D., 2293 NORTH MAIN ST., CROWN POINT, IN. 46307		PRONOUNCED DEAD (Mo., Day, Yr) 30. 12/2/85		30. AT
HEALTH OFFICER—SIGNATURE 31. [Signature]		DATE RECEIVED BY LOCAL HEALTH OFFICER 32. DEC 4 1985		
IMMEDIATE CAUSE (If only one cause per paragraph) 33. Marked cardiomegaly; Severe coronary atherosclerosis of left circumflex artery.		34. Undetermined		
OTHER SIGNIFICANT CONDITIONS—(Conditions contributing to death but not related to cause given in PART I (a)) 35. left circumflex artery.		36. Yes		
ACC., BURIED, HUNG, UNDET., OR PENDING INVEST. (Specify) 37. Natural	DATE OF INJURY (Mo., Day, Yr) 38.	HOUR OF INJURY 39. M	DESCRIBE HOW INJURY OCCURRED 40.	
INJURY AT WORK (Specify Yes or No) 41.	PLACE OF INJURY—(At home, farm, street, factory, office building, etc. (Specify)) 42.	LOCATION 43.	STREET OR R.F.D. NO. 44.	CITY OR TOWN 45.
46.		47.		

ICOF TITLE INSURANCE
Crown Point, Indiana

APPROVED
FUNDING DIRECTOR'S SIGNATURE
ANTHONY S. RENDINA, JR.
FUNDING DIRECTOR'S LICENSE NO. 2424
ANTHONY S. RENDINA, JR.
FUNDING DIRECTOR'S LICENSE NO. 1040
ANTHONY S. RENDINA, JR.
FUNDING DIRECTOR'S LICENSE NO. 2424

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James J. Hildebrand
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CITY OF GARY, IND.
GARY DEC 4 1985

