

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

Below for State Office Use

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EMBALMER'S NAME: Sherman G. Banks III

LICENSE No. 1625

FUNERAL DIRECTOR'S SIGNATURE: *Sherman G. Banks III*

FUNERAL DIRECTOR'S LICENSE No. 1625

FUNERAL HOME No. 248

095358

Local No. 85-0388

INDIANA STATE BOARD OF HEALTH  
MEDICAL CERTIFICATE OF DEATH

State No. \_\_\_\_\_

006000

TYPE OR PRINT IN PERMANENT INK FOR INSTRUCTIONS SEE HANDBOOK		DECEASED - NAME 1 <b>Willie Louis Gould</b>		SEX 2 <b>Male</b>	DATE OF DEATH (MONTH DAY YEAR) 3 <b>June 17, 1985</b>
RACE - (a) <b>Amer. Blk.</b>		AGE - (b) <b>60</b>	UNDER 1 YEAR 4a <b>NO</b>	UNDER 1 DAY 4b <b>NO</b>	DATE OF BIRTH (MONTH DAY YEAR) 5 <b>28 Jan. 1925</b>
CITY, TOWN OR LOCATION OF DEATH 7a <b>Gary</b>		HOSPITAL OR OTHER INSTITUTION 7c <b>Gary Methodist Hospital Northlake Campus</b>		IF HOSP OR INST UNDER DEATH CERT. (See Reg. Impose) Specify 7d <b>E.R.</b>	
STATE OF BIRTH (a) <b>Arkansas</b>		CITIZEN OF WHAT COUNTRY 9 <b>Married</b>		MARRIED NEVER MARRIED, WIDOWED DIVORCED (Specify) 10 <b>Married</b>	
SOCIAL SECURITY NUMBER 13 <b>429-34-6700</b>		USUAL OCCUPATION (a) <b>Retired Steelworker</b>		SURVIVING SPOUSE (a) <b>John A. Peterson</b>	
RESIDENCE - STATE 15a <b>Indiana</b>		COUNTY 15b <b>Lake</b>		CITY, TOWN OR LOCATION 15c <b>Gary</b>	
STREET AND NUMBER 16a <b>2325 East 20th Avenue</b>		IS RESIDENCE ON A FARM? 16b <b>NO</b>		INBORN CITIZENSHIP (Specify) <b>Yes</b>	
FATHER - NAME (FIRST MIDDLE LAST) 18 <b>King Gould</b>		MOTHER - MAIDEN NAME (FIRST MIDDLE LAST) 17 <b>Francis Eddington</b>		STATE OF INDIANA RES. NO. <b>63</b>	
INFORMANT - NAME (Type or print) RELATIONSHIP 19a <b>John Gould (Wife)</b>		MAILING ADDRESS 19b <b>2325 East 20th Avenue</b>		CITY OR TOWN STATE ZIP <b>Gary Indiana 46407</b>	
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19c <b>Burial</b>		CEMETERY OR CREMATORY - FUNERAL HOME 19d <b>Evergreen Cemetery</b>		LOCATION CITY OR TOWN STATE <b>Hobart Indiana</b>	
DATE (MONTH DAY YEAR) 20 <b>June 22, 1985</b>		FUNERAL HOME - NAME AND ADDRESS 20a <b>Smith Bizzell &amp; Warner, Inc., 2295 Wash. St., Gary, Ind. 46404</b>		STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP	
NAME OF ATTENDING PHYSICIAN (Type or Print) 21a <b>Dr. David Ross, M.D.</b>		DATE SIGNED (Month Day Year) 21b		HOUR OF DEATH 21c	
MAILING ADDRESS - PHYSICIAN 21d <b>West 5th Avenue, Gary, Indiana 46404</b>		HEALTH OFFICER - SIGNATURE 22a <i>[Signature]</i>		DATE RECEIVED BY LOCAL HEALTH OFFICER 22b <b>JUN 24 1985</b>	
IMMEDIATE CAUSE 23 <b>Coronary Occlusion</b>		INTERMEDIATE CAUSE (Specify)		Interval between onset and death	
DUE TO OR AS A CONSEQUENCE OF		DUE TO OR AS A CONSEQUENCE OF		Interval between onset and death	
DUE TO OR AS A CONSEQUENCE OF		DUE TO OR AS A CONSEQUENCE OF		Interval between onset and death	
OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I (a)		AUTOPSY (Specify Yes or No)		24	

STOP

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APR 16 1990

FILED

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AUBURN LAKE COUNTY

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*[Handwritten signature]*  
CERTIFIED  
HEALTH COMMISSIONER  
CITY OF GARY, IND.  
DATE JUN 24 1985