

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

Below for State Office Use

103373

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

State No.

Local No. *692-86*

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 IF ANY WHICH GAVE RISE TO IMMEDIATE (A) OR STATING THE UNDERLYING CAUSE LAST

CAUSE

FUNERAL HOME No. 150

FUNERAL DIRECTOR'S LICENSE No. 1791

EMBALMER'S NAME Edward E. Mullaney
FUNERAL DIRECTOR'S SIGNATURE *Edward E. Mullaney*
LICENSE No. 717

DECEASED NAME 1 FIRST Wilma MIDDLE L. LAST Austin		SEX 2 Female		DATE OF DEATH MONTH DAY YEAR 3 April 1, 1986	
RACE - to g. White Black American Indian or 11 Spanish 4 White		AGE - Last Birthday 5a 50		COUNTY OF DEATH 7a Lake	
CITY, TOWN OR LOCATION OF DEATH 7b Dyer		HOSPITAL OR OTHER INSTITUTION Name 7c or other give street and number 7c Our Lady Of Mercy Hospital		IF HOSP OR INST. Indicate DOA (Specify Date) (Specify Day) 7d Inpatient	
STATE OF BIRTH (if not in U.S.A. name country) 8 Missouri		CITIZEN OF WHAT COUNTRY 9 U. S. A.		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 10 Married	
SOCIAL SECURITY NUMBER 13 312-34-8261		USUAL OCCUPATION (Give kind of work done during most of working life prior to 1985) 12a Homemaker		SURVIVING SPOUSE (if not give name and name) 11 Frank Austin	
RESIDENCE - STATE 15a Indiana		CITY, TOWN OR LOCATION 15c Dyer		KIND OF BUSINESS OR INDUSTRY 14b Own Home	
STREET AND NUMBER 1449-215th St.		IS RESIDENCE ON A FARM? 15b YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INSIDE-CITY LIGHTS (Specify Yes or No) 16 Yes	
FATHER - NAME 18 Earl Choat		MOTHER - MAIDEN NAME 17 Bessie		CHILDREN 19 Children	
INFORMANT - NAME (Type or print) 20 Frank Austin (Husband)		MAILING ADDRESS STREET OR R.F.D. NO. 1449-215th St.		CITY OR TOWN STATE Dyer, Indiana 46311	
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 21a Burial		CEMETERY OR CREMATORY - FUNERAL HOME 19b Memory Lane Cemetery		LOCATION CITY OR TOWN STATE Schererville, Indiana	
DATE OF DEATH (MONTH, DAY, YEAR) 21b April 5, 1986		FUNERAL HOME NAME AND ADDRESS 20b Fagen-Miller Funeral Gardens Inc. 1920 Hart St. Dyer, Indiana 46311		MIN. OF DEATH 21c M	
NAME OF ATTENDING PHYSICIAN (Type or Print) 21d Gerard M. Davidson, D.O.		DATE SIGNED (Month, Day, Year) 21b 4/2/86		SIGNATURE OF DEATH OFFICER 21c <i>Gerard M. Davidson</i>	
MAILING ADDRESS - PHYSICIAN 21e 231 Joliet St. Dyer, Indiana 46311		HEALTH OFFICER - SIGNATURE 21d <i>Gerard M. Davidson</i>		DATE RECEIVED BY LOCAL HEALTH OFFICER 22 MAY 31 1990	
IMMEDIATE CAUSE 23 PART I (a) Cardiopulmonary Arrest		OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I (List)		INTERVAL BETWEEN ONSET AND DEATH	
(b) Renal Failure				INTERVAL BETWEEN ONSET AND DEATH	
(c) Primary Hepatoma of Liver				INTERVAL BETWEEN ONSET AND DEATH	
PART II				AUTOPSY (Specify Yes or No) 24	

Document is the property of the Lake County Recorder!

STOP



FILED 4-3-86

Anna N. Anton
AUDITOR LAKE COUNTY

400c

THIS CERTIFIES THE ABOVE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPT. APR 3 1986

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