

141014

74-0392

INDIANA STATE BOARD OF HEALTH  
CORONER'S CERTIFICATE OF DEATH

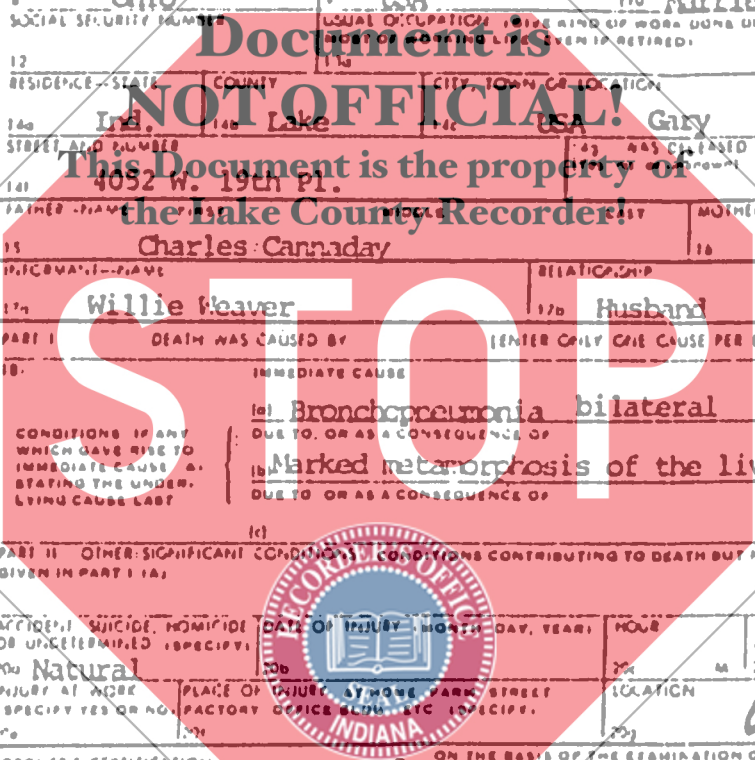
Death No.

01307

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

PERMANENT INK  
SEE INSTRUCTIONS FOR  
INSTACTIONS

DECEASED		1 NAME FIRST MIDDLE LAST Mary Elizabeth Weaver		SEX F	DATE OF DEATH (MONTH, DAY, YEAR) 3 25 74	
2 RACE WHITE NEGRO AMERICAN INDIAN ETC. (SPECIFY) B		3 AGE - LAST BIRTHDAY (YEAR, MONTH, DAY) 46		4 UNDER 1 YEAR UNDER 1 DAY MOS DATE HOURS MIN		5 DATE OF BIRTH (MONTH, DAY, YEAR) 9 20 28
6 CITY, TOWN, OR LOCATION OF DEATH Gary		7a INSIDE CITY LIMITS (SPECIFY YES OR NO) Yes		7b HOSPITAL OR OTHER INSTITUTION - NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) D.O.A. Mercy		
8 STATE OF BIRTH (IF NOT IN U.S.A.) Ohio		9 CITIZEN OF WHAT COUNTRY USA		10 MARRIED NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Married		11 SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) Willie T. Weaver
12 USUAL RESIDENCE WHERE DECEASED LIVED IF DEATH OCCURRED IN INSTITUTION GIVE RESIDENCE BEFORE ADMISSION Ohio		13 USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING REST OF LIFE IF RETIRED) USA		14a KIND OF BUSINESS OR INDUSTRY 12b		
15 RESIDENCE - STATE COUNTY CITY, TOWN OR LOCATION Ind. Lake USA Gary		16 INSIDE CITY LIMITS (SPECIFY YES OR NO) Yes		17a TOWNSHIP Calumet		
18 STREET AND NUMBER 4052 W. 19th Pl.		19 443 CLEANED EVER IN U.S. ARMED FORCES (SPECIFY YES OR NO) (IF YES, GIVE UNIT OR DATE OF ENTRY) No		20 IS RESIDENT OF A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21 FATHER - NAME FIRST MIDDLE LAST Charles Cannaday		22 MOTHER - NAME FIRST MIDDLE LAST Phyllis McGeorge		23 MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 4052 W. 19th Pl., Gary, Ind.		
24 DEATH WAS CAUSED BY (ENTER ONLY ONE CAUSE PER LINE FOR 1a), 1b), AND 1c)) 1a) Willie Weaver		25 RELATIONSHIP Husband		26 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
27 IMMEDIATE CAUSE 1a) Bronchopneumonia bilateral		28 DUE TO, OR AS A CONSEQUENCE OF 1b) Marked metamorphosis of the liver		29 DUE TO, OR AS A CONSEQUENCE OF 1c)		
30 CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE OR BEATING THE UNDERLYING CAUSE LAST		31 PART II OTHER SIGNIFICANT CONDITIONS, CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)		32 AUTOPSY (YES OR NO) (IF YES, GIVE DATE AND TIME) DEC 28 1980		
33 ACCIDENT, SUICIDE, HOMICIDE OR UNDETERMINED (SPECIFY) Natural		34 DATE OF INJURY (MONTH, DAY, YEAR) 20b		35 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 10) Aorta R. Aortic		
36 INJURY AT HOME (SPECIFY YES OR NO) No		37 PLACE OF INJURY (SYNAGOGUE, PARK, STREET, FACTORY, OFFICE, CLUB, ETC. (SPECIFY) INDIANA		38 STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP Aorta R. Aortic		
39 CORONER'S CERTIFICATION DEATH OCCURRED (HOUR) 21a		40 TIME DECEASED WAS PROCLAIMED DEAD (MONTH DAY YEAR) 3 25 74		41 DATE SIGNED (MONTH, DAY, YEAR) 4 3 74		
42 CERTIFIER (NAME, TYPE OR PRINT) William H. Mott M.D.		43 SIGNATURE William H. Mott		44 DEGREE OR TITLE Coroner		
45 MAILING ADDRESS (STREET OR R.F.D. NO.) 751 Washington St.		46 CITY OR TOWN Gary		47 STATE Ind.		
48 BURIAL (SPECIFY) Burial		49 FUNERAL HOME (NAME AND ADDRESS) Cressman Park		50 LOCATION (CITY OR TOWN, STATE) Gary, Ind.		
51 DATE (MONTH, DAY, YEAR) 4-2-14		52 SIGNATURE OF HEALTH OFFICER Robert Radem		53 CITY OR TOWN, STATE, ZIP Gary, Ind.		
54		55		56 APR 8 1974		



FILED

Tarrytown 1st Subd L.34 B170  
Key # 477-443-34  
unit # 25

FUNERAL HOME No. 255  
LICENSE No. 1235  
FUNERAL DIRECTOR'S LICENSE No. 657  
HALMERS NAME Andrew Smith  
SERIAL DIRECTOR'S NAME  
NATURE

Signature of Andrew Smith

Signature of William H. Mott

Signature of William H. Mott, Coroner



Signature of Robert Radem



**CERTIFIED BY:**

*Heidi A. Johnson*

**HEALTH COMMISSIONER  
CITY OF GARY, IND.**

**DATE** DEC 26 1980