

89-0748

INDIANA STATE BOARD OF HEALTH

Kathryn Price 570 Roosevelt St
Gary, Ind 47404

Local No. 91015012

CERTIFICATE OF DEATH

State No.

TYPE/PRINT IN PERMANENT BLACK INKS
DECEDENT
PARENTS
INFORMANT
DISPOSITION
CAUSE OF DEATH
CERTIFIER
HEALTH OFFICER
CORONER SE ONLY

44-203-15 Gary Land Cov 5th Sub S.25 ft L.13, N.37 1/2 ft L.14, N.10 ft L.9 S. 12.56 ft L.14 BIK

1 DECEASED—NAME (First Middle Last) Mr. Hugh D. Williams Sr.		2 SEX Male	3a TIME OF DEATH 10:30a.m.	3b DATE OF DEATH (Month Day, Yr) November 9, 1989
4 SOCIAL SECURITY NUMBER 429-03-5858	5a AGE—Last Birthday (Years) 80	5b UNDER 1 YEAR Months Days	5c UNDER 1 DAY Hours Minutes	6 DATE OF BIRTH (Mo Day Yr) March 8, 1909
7 BIRTHPLACE (City and State or Foreign Country) Marrell, Arkansas	8a WAS DECEDENT A US VETERAN? No	8b YEAR LAST SERVED IN US ARMED FORCES? None	9a PLACE OF DEATH (Check only one See instructions) HOSPITAL <input checked="" type="checkbox"/> Inpatient <input checked="" type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence	
9b FACILITY NAME (If not institution, give street and number) Methodist Hospital Northlake Campus		9c CITY TOWN OR LOCATION OF DEATH Gary	9d COUNTY OF DEATH Lake	
10 MARITAL STATUS (Specify) Widower	11 SURVIVING SPOUSE (If wife, give maiden name) None	12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life Do not use retired) School System		12b KIND OF BUSINESS/INDUSTRY None
13a RESIDENCE—STATE Indiana	13b COUNTY Lake	13c CITY, TOWN OR LOCATION gary	13d STREET AND NUMBER 570 Roosevelt Street	
13e ZIP CODE 46402	13f INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes 13g ON A FARM? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	14 CITIZEN OF WHAT COUNTRY? U.S.	15 WAS DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If yes specify Cuban, Mexican, Puerto Rican, etc)	16 RACE—American Indian, Black, White, etc (Specify) Black Amer.
17 DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 6th. Grade College (1-4 or 5+) 		18 FATHER'S NAME (First Middle Last) Richard Williams		
19 MOTHER'S NAME (First Middle Maiden Surname) Shellie Dunlap		20a INFORMANT'S NAME (Type/Print) Hugh D. Williams Jr.		
20b MAILING ADDRESS (Street, 1st, 2nd or Rural Route Number, City or Town, State, Zip Code) 540 East 154th Place, Phoenix, Ill.		20c Relationship Son		
21a METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from Site <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		21b DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory or other place) November 15, 1989 - Ridgeland		21c LOCATION—City or Town, State Gary, Indiana
22a EMBALMER'S NAME CELESTE P. KAUFMAN		22b EMBALMER'S LICENSE NO FDE 1033626		23 WAS DEATH REPORTED TO CORONER? <input type="checkbox"/> No <input type="checkbox"/> Yes
24a SIGNATURE OF FUNERAL DIRECTOR <i>Celeste P. Kaufman</i> Celeste P. Kaufman		24b LICENSE NUMBER (of Licensee) FDE: 1033626	25 NAME, ADDRESS AND LICENSE NUMBER OF FUNERAL HOME KAUFMAN FUNERAL HOMES, INCORPORATED 421 West Fifth Avenue, Gary, IN 46402 FDH No: 3002411	
26: PART I Enter the diseases, injuries, or complications that caused the death. Do not enter nonspecific terms, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Acute myocardial infarction IN FURTHER DUE TO (OR AS A CONSEQUENCE OF) Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last DUE TO (OR AS A CONSEQUENCE OF) DUE TO (OR AS A CONSEQUENCE OF)				
PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I.				
27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no)		28a. WAS AN AUTOPSY PERFORMED? (Yes or no)		28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no)
29a CERTIFIER (Check only one) <input checked="" type="checkbox"/> CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated. <input type="checkbox"/> HEALTH OFFICER On the basis of examination and/or investigation in my opinion, death occurred at the time, date, and place, and due to the cause(s) as stated. <input type="checkbox"/> CORONER On the basis of examination and/or investigation in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner as stated.				
29b SIGNATURE AND TITLE OF CERTIFIER <i>Seymour Oberlander</i>			29c MEDICAL LICENSE NO 17755	29d DATE SIGNED (Month Day, Year) 11/12/89
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Dr. Seymour Oberlander 3290 Grant Street, Gary, Indiana 887-2996 or 923-2545				
31. HEALTH OFFICER'S SIGNATURE <i>Richard N. Anton</i>				32 DATE FILED (Month, Day, Year) NOV. 14 1989
33 MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide		34a DATE OF INJURY (Month, Day, Year) APR 2 1991	34b TIME OF INJURY FILED	34c INJURY AT WORK? (Yes or no)
34d DESCRIBE HOW INJURY OCCURRED		34e PLACE OF INJURY—At home, farm, street, factory, office, building, etc (Specify) APR 2 1991		
34f LOCATION (Street and Number or Rural Route Number, City or Town, State)		34g DATE PRONOUNCED DEAD (Month, Day, Year)		
34h MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc <i>Richard N. Anton</i>				



STATE OF INDIANA
LAKE COUNTY
FILED
NOV 14 1989

SBH06-004

State Form 10110 (R2/3-89)

DEA CERT/PO 1

00195

6.00



NOV. 14 1989