Donald Wilcher 4713 Van Buren Gary, 46408

3C 90-0435

cal No. 91015640

INDIANA STATE BOARD OF HEALTH

CERTIFICATE OF DEATH

Hill Terrace W. 64 ft L.9, Bl.1 E. 11 ft L.8, Bl.1

State No. Key #45-442-9

Unit #25

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

1. DECEASED—NAME (First, Middle, Last): Josiah Wilcher Sr.
2. SEX: Male
3a. TIME OF DEATH: 05:55AM
3b. DATE OF DEATH (Month, Day, Yr.): June 6, 1990
4. SOCIAL SECURITY NUMBER: 314-24-3005
5a. AGE—Last Birthday (Years): 61
5b. UNDER 1 YEAR Months Days
5c. UNDER 1 DAY Hours Minutes
6. DATE OF BIRTH (Mo, Day, Yr): JAN 9, 1929
7. BIRTHPLACE (City and State or Foreign Country): Gary, Indiana
8a. WAS DECEDENT A U.S. VETERAN? Yes
8b. YEAR LAST SERVED IN U.S. ARMED FORCES? 1946 1946
9a. PLACE OF DEATH (Check only one. See instructions): HOSPITAL: [X] Inpatient [ ] ER/Outpatient [ ] DOA; OTHER: [ ] Nursing Home [ ] Other (Specify) [ ] Residence
9b. FACILITY NAME (If not institution, give street and number): Methodist Hospital Northlake
9c. CITY, TOWN, OR LOCATION OF DEATH: Gary
9d. COUNTY OF DEATH: Lake
10. MARITAL STATUS (Specify): Married
11. SURVIVING SPOUSE (If wife, give maiden name): Dorothy J. Shivers
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Steelworker
12b. KIND OF BUSINESS/INDUSTRY: USX Steel Co.
13a. RESIDENCE—STATE: Indiana
13b. COUNTY: Lake
13c. CITY, TOWN, OR LOCATION: Gary
13d. STREET AND NUMBER: 1324 East 50th Place
13e. ZIP CODE: 46409
13f. INSIDE CITY LIMITS: [ ] No [X] Yes
13g. ON A FARM? [X] No [ ] Yes
14. CITIZEN OF WHAT COUNTRY? USA
15. WAS DECEDENT OF HISPANIC ORIGIN? (If yes, specify Cuban, Mexican, Puerto Rican, etc.) [X] No [ ] Yes
16. RACE—American Indian, Black, White, etc. (Specify): Afro Am
17. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): ; College (1-4 or 5+): 2

PARENTS

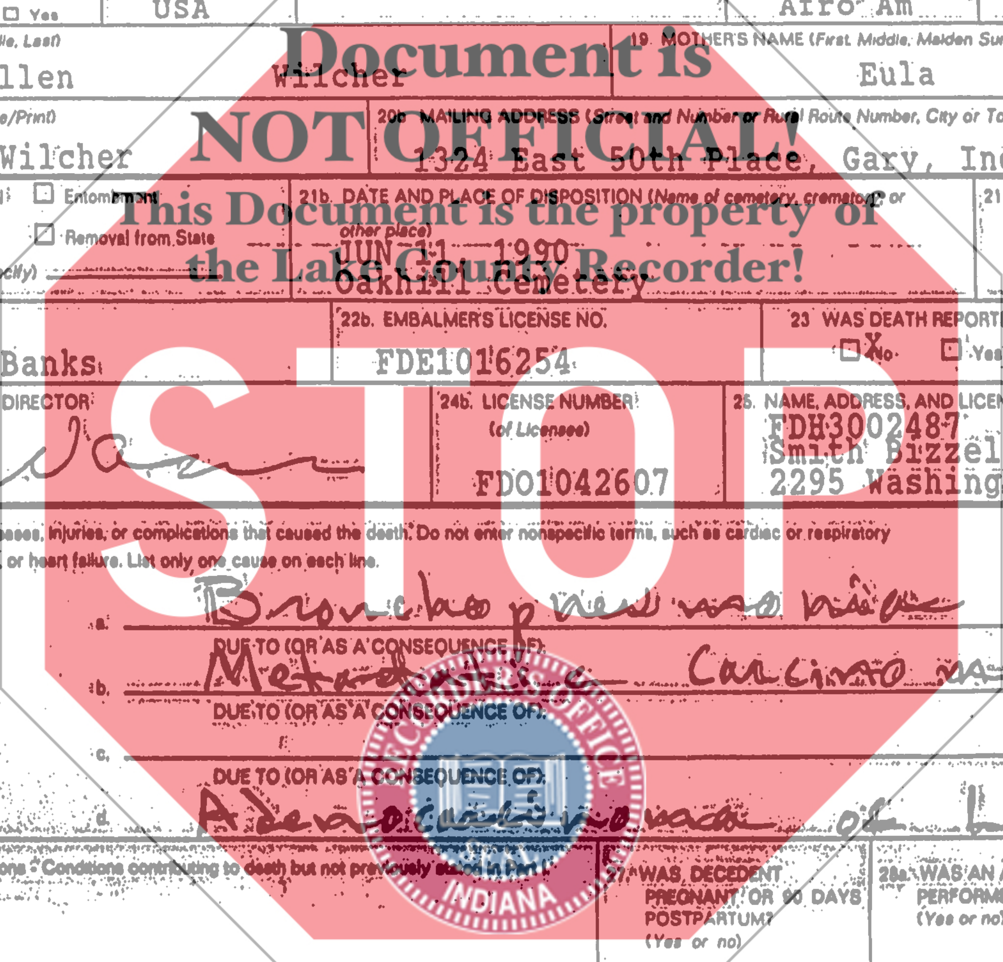
18. FATHER'S NAME (First, Middle, Last): Allen Wilcher
19. MOTHER'S NAME (First, Middle, Maiden Surname): Eula Nolan

INFORMANT

20a. INFORMANT'S NAME (Type/Print): Dorothy J. Wilcher
20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 1324 East 50th Place, Gary, Indiana 46409
20c. Relationship: Wife

DISPOSITION

21a. METHOD OF DISPOSITION: [X] Burial [ ] Cremation [ ] Donation [ ] Entombment [ ] Removal from State [ ] Other (Specify)
21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): JUN 11 1990 Oakhill Cemetery
21c. LOCATION—City or Town, State: Gary, Indiana 46408
22a. EMBALMER'S NAME: Sherman G. Banks
22b. EMBALMER'S LICENSE NO.: FDE1016254
23. WAS DEATH REPORTED TO CORONER? [X] No [ ] Yes
24a. SIGNATURE OF FUNERAL DIRECTOR: [signature]
24b. LICENSE NUMBER (of Licensee): FD01042607
25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME: FDH3002487 Smith Bizzell & Warner 2295 Washington St. Gary, In. 46407



STATE OF INDIANA LAKE CO. FILED FOR RECORD
APR 24 1991
44 PM '91
ROBERT [illegible] RECORDER [illegible]

CAUSE OF DEATH

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.

		Approximate Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition resulting in death) a.	Bronchopneumonia	2 days
b. DUE TO (OR AS A CONSEQUENCE OF):	Metastatic Carcinoma	2 1/2-3 years
c. DUE TO (OR AS A CONSEQUENCE OF):		
d. DUE TO (OR AS A CONSEQUENCE OF):	Adenocarcinoma of Lungs	4 years

Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last.

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): No
28a. WAS AN AUTOPSY PERFORMED? (Yes or no): Yes
28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no): No

CERTIFIER

29a. CERTIFIER (Check only one)
[X] CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated.
[ ] 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.
[ ] 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: W. R. Lewis, M.D.
29c. MEDICAL LICENSE NO.: 19321
29d. DATE SIGNED (Month, Day, Year): 6-8-90
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print): William R. Lewis Dr., 2727 Wabash Avenue, Gary, Indiana 46404

HEALTH OFFICER

31. HEALTH OFFICER'S SIGNATURE: Belvera E. Foster MD MDH/ac
32. DATE FILED (Month, Day, Year): JUN 11 1990

FILED

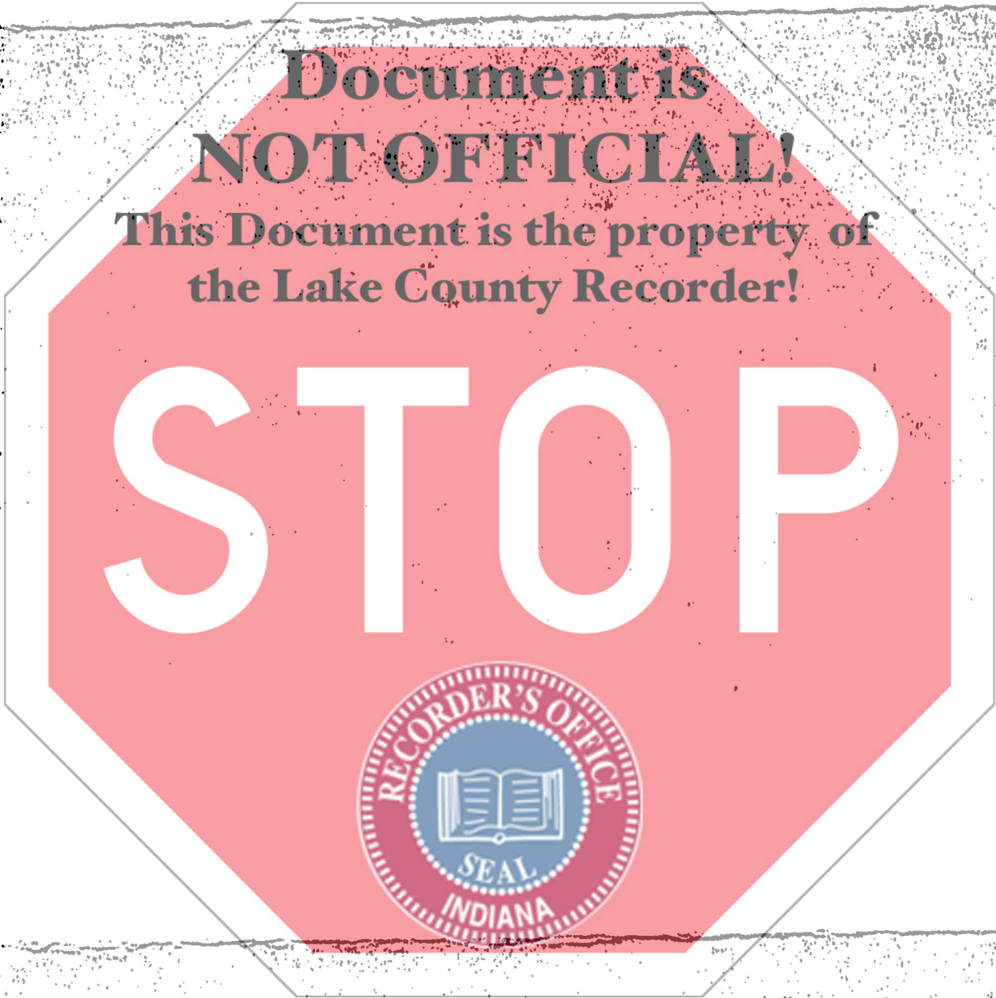
CORONER USE ONLY

33. MANNER OF DEATH: [ ] Natural [ ] Pending Investigation [ ] Accident [ ] Suicide [ ] Could not be Determined [ ] Homicide
34a. DATE OF INJURY (Month, Day, Year):
34b. TIME OF INJURY:
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):
34f. LOCATION (Street and Number or Rural Route Number, City or Town, State): APR 24 1991
34g. DATE PRONOUNCED DEAD (Month, Day, Year):
34h. MOTOR VEHICLE ACCIDENT? (Yes or no):

Oscar R. Anton
AUDITOR LAKE COUNTY

SBH06-004 State Form 10110 (R2/3-89) DEA CERT/PD 1

01463



CERTIFIED BY:

HEALTH COMMISSIONER
CITY OF GARY, IND.
JUN 1 1 1980
DATE