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

MAR 19 1986

EMBALMER'S NAME: **Ronald J. Mesarch** LICENSE No. 100591

FUNERAL DIRECTOR'S SIGNATURE: *Ronald J. Mesarch* LICENSE No. 201261

FUNERAL HOME No. 300776

TYPE OR PRINT IN PERMANENT INK FOR INSTRUCTIONS SEE HANDBOOK

DECEASED

PARENTS

DISPOSITION

M.D. P.O.

CONDITIONS WHICH GAVE RISE TO UNDERLYING CAUSE LAST

CAUSE

Key # 15-16-121 E-200 H-8 W-23 H-9 N-130 H-4 S-22 NW-5 S-33 T-35 E-27

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

State No.

Local No. 559-86

DECEASED - NAME WILLIAM J. WATKINS SR.		SEX Male	DATE OF DEATH (MONTH DAY YEAR) March 15, 1986
RACE - as shown on U.S. Census White	AGE - Last Birthday 72	UNDER 1 YEAR MTHS DAYS	UNDER 1 DAY HOURS MINS
CITY, TOWN OR LOCATION OF DEATH Hobart		HOSPITAL OR OTHER INSTITUTION St. Mary Medical Center	IF HOSP OR INST indicate DOA OP Time, Am, Inpatient (Specify) Inpatient
STATE OF BIRTH Indiana	CITIZEN OF WHAT COUNTRY USA	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Married	SURVIVING SPOUSE (Specify) Dorothy Jones
SOCIAL SECURITY NUMBER 311-07-0631	USUAL OCCUPATION Carpenter	KIND OF BUSINESS OR INDUSTRY Carpenter's Local 1005	
RESIDENCE - STATE Indiana	COUNTY Lake	CITY, TOWN OR LOCATION Merrillville	
STREET AND NUMBER 9505 Randolph Street		IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
FATHER - NAME William J. Smith	MOTHER - MAIDEN NAME Lydia White	STATE OF INDIANA COUNTY LAKE COUNTY	
INFORMANT - NAME (Type or Print) Dorothy Watkins - Wife	RELATIONSHIP Wife	MAILING ADDRESS - STREET OR R.F.D. NO. 9505 Randolph Street	CITY OR TOWN Crown Point, Indiana 46307
BURIAL: CREMATION, REMOVAL, OTHER (Specify) Burial	CEMETERY OR CREMATORY - FUNERAL HOME Ridgelawn Cemetery	LOCATION Gary, Indiana	STATE Indiana
DATE (MONTH DAY YEAR) March 17, 1986	FUNERAL HOME - NAME AND ADDRESS Gelsen Funeral Home Inc. 7905 Broadway	Merrillville, Ind. 46410	
NAME OF ATTENDING PHYSICIAN (Type or Print) Donald M. Phillips, M.D.	DATE SIGNED (MO Day Yr) 3-17-86	HOUR OF DEATH 5:30 AM	
MAILING ADDRESS - PHYSICIAN 1356 So. Lake Park Ave. Hobart, Indiana 46342	HEALTH OFFICER - SIGNATURE <i>Ronald J. Mesarch</i>		
DATE RECEIVED BY LOCAL HEALTH OFFICER 3-19-86		23b	
23. MAJOR CAUSE Cardiovascular arrest due to atherosclerosis of the + A.S.H.D. due to or as a consequence of Hypertensive valve disease. 2 valve replacement OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART 11a) Diabetes mellitus, anemia.			

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FILED

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Auditor N. Anton
LAKE COUNTY

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