

91051114

INDIANA STATE BOARD OF HEALTH
CORONER'S CERTIFICATE OF DEATH

Willard Family
State No. _____

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

Local No. 55-81
TYPE OR PRINT IN
PUBLICATION
SEE INSTRUCTIONS
SEE HANDBOOK

DECEASED - NAME MEDFORD		FIRST MC CULLOUGH		LAST MC CULLOUGH		SEX MALE	DATE OF DEATH (Month, Day, Year) JANUARY 6, 1981
RACE - as of White Race Certificate white		AGE - Last Birthday 68		UNDER 1 YEAR MO: DATE	UNDER 1 DAY HOURS: MINS	DATE OF BIRTH (Mo, Day, Yr) 7/7/1912	
CITY, TOWN OR LOCATION OF DEATH Munster		HOSPITAL OR OTHER INSTITUTION - Name (If not on paper, give street and number) Community Hospital				IF HOSP OR INST, GIVE BOX OR UNIT NO. Inpatient	
STATE OF BIRTH (If not in U.S.A. name country) Illinois		CITIZEN OF WHAT COUNTRY U.S.A.		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		SURVIVING SPOUSE (If not give maiden name) Ann Koerner	
SOCIAL SECURITY NUMBER 449-05-6114A		USUAL OCCUPATION (Give kind of work done during most of working life, give # listed) Chairman				KIND OF BUSINESS OR INDUSTRY Petroleum Piping & Sonst.	
RESIDENCE - STATE Indiana		COUNTY Lake		CITY, TOWN OR LOCATION Highland		INSIDE CITY LIMITS (Specify Yes or No) Yes	
STREET AND NUMBER 8506-5th Street		IS RESIDENCE ON A FARM? NO		INSIDE CITY LIMITS (Specify Yes or No) Yes			
IS DECEASED OF SPANISH DESCENT? (If Yes, specify Mexican, Cuban, Puerto Rican, etc.) NO							
FATHER - NAME Joseph		MOTHER - MAIDEN NAME Celia		MOTHER - MAIDEN NAME Meyer			
INFORMANT - NAME Ann McCullough		RELATIONSHIP Wife		MAILING ADDRESS 8506-5th St.		CITY OR TOWN STATE ZIP Highland, Indiana 46322	
DISPOSITION Burial		CEMETERY OR CREMATORY - FUNERAL HOME St. Joseph		LOCATION Hammond, Indiana			
DATE (MONTH, DAY, YEAR) January 9, 1981		FUNERAL HOME - NAME AND ADDRESS Burns-Kish Funeral Homes, Inc. Munster, Indiana					
21a. Signature <i>Albert T. Willardo</i>		21b. NAME AND ADDRESS OF CERTIFIER (Type or Print) Albert T. Willardo 2293 N. Main St. Crown Point, Indiana 46307		DATE SIGNED (Mo, Day, Yr) 1/6/1981		HOUR OF DEATH M 21c. _____	
22a. HEALTH OFFICER - SIGNATURE <i>Gregory M.D.</i>		DATE RECEIVED BY HEALTH OFFICER 1981		21d. ON 1/6/1981		21e. AT M	
23. IMMEDIATE CAUSE Vascular collapse due		23b. (ENTER ONLY ONE CAUSE PER TIME PERIOD (a), (b), AND (c)) arteriosclerotic heart & coronary artery disease		Interval between onset and death unobtainable		Interval between onset and death unobtainable	
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I (a)		24. AUTHORITY (Specify Yes or No) No		25a. ACC. SUICIDE, HON. UNDET. OR PENDING INVEST. (Specify) NATURAL		25b. DATE OF INJURY (Mo, Day, Yr) M	
25c. HOURS OF INJURY M		25d. DESCRIBE HOW INJURY OCCURRED		25e. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		25f. LOCATION Highland, Indiana	

Below for State Office Use

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FUNERAL HOME No. 496
 FUNERAL DIRECTOR'S LICENSE No. 2381
 EMBALMER'S NAME Frank J. Kish
 FUNERAL DIRECTOR'S SIGNATURE *Frank J. Kish*

Disposition Permit Issued _____
 Provisional Certificate _____
 Yes No

