

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

Below for State Office Use

A _____
B 7
C BL. 7
D _____
E _____
F _____
G _____
H Highland (55x175 FT) PT.
I _____
J _____
K 27-98
L Highland (55x175 FT)
M _____
N _____
O _____
P _____
Q _____
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S _____
T _____
U _____
V _____
W _____
X _____
Y _____
Z _____

Disposition Permit
Issued / /
Provisional
Certificate
 Yes No

FILED

FUNERAL DIRECTOR'S LICENSE No. 94

JUN 29 1993

Ann M. Anton
FURNER LIFE COUNTY

ENBALMER'S NAME C. Kasling A. Kasper
LICENSE No. 1451

INDIANA STATE BOARD OF HEALTH
DIVISION OF VITAL RECORDS
MEDICAL CERTIFICATE OF DEATH

SOH 113-3

Local No. 805

State No. 166

PERMANENT INK SEE HANDBOOK FOR INSTRUCTIONS.

DECEASED—NAME FIRST MIDDLE LAST SEX DATE OF DEATH (MONTH, DAY, YEAR)

1. John C. Van Willigan 2. Male 3. Nov. 25, 1970

RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY) AGE—LAST BIRTHDAY (YEARS) UNDER 1 YEAR MOS DAYS UNDER 1 DAY HOURS MIN. DATE OF BIRTH (MONTH, DAY, YEAR) COUNTY OF DEATH

4. White 5a. 59 5b. 5c. 6. 1-30-1911 7a. Lake

CITY, TOWN, OR LOCATION OF DEATH INSIDE CITY LIMITS (SPECIFY YES OR NO) HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)

7b. East Chicago 7c. yes 7d. St. Catherine Hospital

DECEASED STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) CITIZEN OF WHAT COUNTRY MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)

8. Indiana 9. Document is 10. Married 11. Jane Lapp

SOCIAL SECURITY NUMBER USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) KIND OF BUSINESS OR INDUSTRY

12. 315-24-5225 13a. None 13b. Self employed

RESIDENCE—STATE COUNTY CITY, TOWN, OR LOCATION INSIDE CITY LIMITS (SPECIFY YES OR NO) TOWNSHIP

14a. Indiana 14b. None 14c. East Chicago 14d. yes 14e. North

STREET AND NUMBER IS RESIDENCE ON A FARM?

14f. 8830 Kennedy 14g. yes no

PARENTS FATHER—NAME FIRST MIDDLE LAST MOTHER—MAIDEN NAME FIRST MIDDLE LAST

15. Peter Van Willigan 16. Nellie Leuber

INFORMANT—NAME RELATIONSHIP MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)

17a. Jane Van Willigan 17b. wife 17c. 8830 Kennedy Highland Ind.

PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

18. IMMEDIATE CAUSE

(a) Coronary Artery; Bilat. Branches 10 min

(b) Myocardial infarction due to atherosclerotic coron. 5 days

(c) Heart disease + Ch. Obstruct.

CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (A), STATING THE UNDERLYING CAUSE LAST

PART II. OTHER SIGNIFICANT CONDITIONS / CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE

Pulm. Disease Klebsiella Pneumoniae

19a. yes 19b. yes

DEATH OCCURRED (HOUR) THE DECEDENT WAS PRONOUNCED DEAD MONTH DAY YEAR DATE SIGNED (MONTH, DAY, YEAR)

20a. 6:40 AM 20b. 11 25 70 21a. 11 27/70

CERTIFIER—NAME (TYPE OR PRINT) SIGNATURE (DEGREE OR TITLE)

22a. _____ 22b. Don E. Sautschi, M.D.

MAILING ADDRESS—CERTIFIER STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP

23. BURIAL, CREMATION, REMOVAL (SPECIFY) CEMETERY, CREMATORY, FUNERAL HOME LOCATION CITY OR TOWN STATE FUNERAL HOME NUMBER

24a. Burial 24b. Ridge Lawn 24c. Highland

DATE (MONTH, DAY, YEAR) FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)

24d. 11-27-70 25a. Kasper Funeral Home 5035 McKinson Highland Ind.

FUNERAL DIRECTOR—SIGNATURE HEALTH OFFICER—SIGNATURE DATE RECEIVED BY LOCAL HEALTH OFFICER

26a. Colm A. Kasper 26b. Ed. Campagna, M.D. 26c. 11-30-1970

