1 UCC

P.O. 4233 GARY 46404

Local No. 88 0340 93055511

INDIANA STATE BOARD OF HEALTH
CERTIFICATE OF DEATH

State No. ....

TYPE/PRINT IN PERMANENT BLACK INK

KEY 45-145-16 JEFFERSON LAND REALTY CO 5 ...

DECEDENT

Field	Entry
1. Decedent — Name (First, Middle, Last)	Bernice L. Wilder
2. Sex	Female
3. Date of Death (Mo, Day, Yr)	May 18, 1988
4. Social Security Number	500-20-9486
5a. Age — Last Birthday (Years)	64
5b. Under 1 Year (Months, Days)	
5c. Under 1 Day (Hours, Minutes)	
6. Date of Birth (Month, Day, Year)	8/30/1923
7. Birthplace (City and State or Foreign Country)	Kansas City, MO
8. Year Last Served in US Armed Forces?	N/A
9a. Place of Death (Check only one. See instructions)	Hospital: [X] Inpatient [ ] ER/Outpatient [ ] DOA; Other: [ ] Nursing Home [ ] Residence [ ] Other (Specify)
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 — Married, Never Married, Widowed, Divorced (Specify)	Married
11. Surviving Spouse (If wife, give maiden name)	Jasper C. Wilder
12a. Decedent's Usual Occupation (Give kind of work done during most of working life. Do not use retired)	Librarian
12b. Kind of Business/Industry	Gary Public Librar
13a. Residence — State	IN
13b. County	Lake
13c. City, Town or Location	Gary
13d. Street and Number	3940 W. 23rd Ave.
13e. Inside City Limits? (Yes or no)	Yes
13f. Farm	NO
13g. Zip Code	46404
14. Was Decedent of Hispanic Origin? (Specify No or Yes — If yes specify Cuban, Mexican, Puerto Rican, etc.)	[X] No [ ] Yes
15. Race — American Indian, Black, White, etc. (Specify)	Black
16. Decedent's Education (Specify only highest grade completed) Elementary/Secondary (0-12), College (1-4 or 5+)	

PARENTS

Field	Entry
17. Father's Name (First, Middle, Last)	Victor Appleton
18. Mother's Name (First, Middle, Maiden Surname)	Ruth Crowder

INFORMANT

Field	Entry
19a. Informant's Name (Type/Print)	Jasper C. Wilder
19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code)	3940 W. 23rd Ave. Gary, IN 46404
19c. Relationship	Husband

DISPOSITION

Field	Entry
20a. Method of Disposition	[X] Burial [ ] Cremation [ ] Removal from State [ ] Donation [ ] Other (Specify)
20b. Date and Place of Disposition (Name of cemetery, crematory or other place)	May 23, 1988 Evergreen Cemetery
20c. Location — City or Town, State	Hobart, IN
21a. Signature of Funeral Director	Patricia Dixon
21b. License Number (of Licensee)	8700298
22. Name, Address and License Number of Funeral Home	Guy & Allen Funeral Directors I: 2959 W. 11th Ave. #3007704

PRONOUNCING PHYSICIAN ONLY

Complete items 23a-c only when certifying physician is not available at time of death to certify cause of death

Field	Entry
23a. To the best of my knowledge, death occurred at the time, date and place stated. Signature and Title	
23b. License Number	
23c. Date Signed (Month, Day, Year)	

ITEMS 24-26 MUST BE COMPLETED BY PERSON WHO PRONOUNCES DEATH

Field	Entry
24. Time of Death	
25. Date Pronounced Dead (Month, Day, Year)	
26. Was Case Referred to Medical Examiner/Coroner? (Yes or no)	

CAUSE OF DEATH — SEE INSTRUCTIONS

27. PART I. Enter the diseases, injuries or complications that caused the death. Do not enter the mode of dying, 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. Hepatic Failure
DUE TO (OR AS A CONSEQUENCE OF)
b. Metastatic Carcinoma
DUE TO (OR AS A CONSEQUENCE OF)
c. Undifferentiated Small Cell Carcinoma from Ovary.
DUE TO (OR AS A CONSEQUENCE OF)
d.

Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I: Cholecystitis with Cholelithiasis

Field	Entry
28a. Was an Autopsy Performed? (Yes or no)	No
28b. Were Autopsy Findings Available Prior to Completion of Cause of Death? (Yes or no)	

STATE OF INDIANA S.S.O. LAKE COUNTY FILED FOR RECORD
AUG 24 3 49 PM '93
SAMUEL ORLICH RECORDER

FILED
AUG 24 1993
Anna N. Anton
AUDITOR LAKE COUNTY

CERTIFIER — SEE INSTRUCTIONS

29a. Certifier (Check only one)

[ ] CERTIFYING PHYSICIAN (Physician certifying cause of death when another physician has pronounced death and completed item 23) To the best of my knowledge, death occurred due to the cause(s) and manner as stated.

[ ] PRONOUNCING AND CERTIFYING PHYSICIAN (Physician both pronouncing death and certifying cause of death) To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

[ ] MEDICAL EXAMINER [ ] CORONER [ ] 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) and manner as stated.

Field	Entry
29b. Signature and Title of Certifier	[signature]
29c. License Number	18079
29d. Date Signed (Month, Day, Year)	5/23/88
30. Name and Address of Person Who Completed Cause of Death (Item 27) (Type/Print)	Walter E McDonald MD 2200 Grant St Gary IND

HEALTH OFFICER

Field	Entry
31. Health Officer's Signature	James T. Holick Jr. M.
32. Date Filed (Month, Day, Year)	MAY 24 1988

CORONER OR MEDICAL EXAMINER USE ONLY

Field	Entry
33. Manner of Death	[X] 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)	

SBH06-004 State Form 10110 Rev 10/87 DEATH/PD 1

6.00 1571

CERTIFIED BY:

HEALTH COMMISSIONER
CITY OF GARY, IND.

DATE JUN. 29 1989