

TYPE OR PRINT  
PLAINLY WITH  
UNFADING INK

THIS IS A  
PERMANENT  
RECORD

Below for State Office Use

A. \_\_\_\_\_

B. \_\_\_\_\_

C. \_\_\_\_\_

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U. \_\_\_\_\_

V. \_\_\_\_\_

W. \_\_\_\_\_

X. \_\_\_\_\_

EMBALMER'S NAME David Tyler

FUNERAL HOME LICENSE No. 241  
FUNERAL DIRECTOR'S LICENSE No. 1856  
FUNERAL DIRECTOR'S SIGNATURE \_\_\_\_\_

3rd  
30 69 0122

Local No. \_\_\_\_\_

94004267

INDIANA STATE BOARD OF HEALTH

MEDICAL CERTIFICATE OF DEATH

Berlin Wyman  
4022 W 47th Ave  
Gary, Ind 46408  
State No. \_\_\_\_\_

PERMANENT INK  
SEE HANDBOOK FOR  
INSTRUCTIONS

DECEASED--NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH, DAY, YEAR)	
ARTHUR				WYMAN	Male	Jan, 23, 1969	
1. RACE	2. AGE (LAST BIRTHDAY)	3. UNDER 1 YEAR	4. UNDER 1 DAY	5. DATE OF BIRTH	6. COUNTY OF DEATH		
White	73	MOB	HOURS MIN.	8-15-95	Lake		
7a. CITY, TOWN, OR LOCATION OF DEATH		7b. INSIDE CITY LIMITS (SPECIFY YES OR NO)		7c. HOSPITAL OR OTHER INSTITUTION--NAME (IF NOT IN EITHER, CITY AND STREET AND NUMBER)		7d. COUNTY OF DEATH	
Gary		Yes		Methodist Hospital		Lake	
8. STATE OF BIRTH (IF NOT IN U.S.A.)		9. CITIZEN OF WHAT COUNTRY		10. MARRIED (X) NEVER MARRIED ( ) SURVIVING SPOUSE ( ) IF WIFE (GIVE MAIDEN NAME)		11. GFACE Beeson	
Illinois		USA		WIDOWED ( ) DIVORCED ( )			
12. SOCIAL SECURITY NUMBER		13a. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING YEARS, WHICH IS RETURNED)		13b. KIND OF BUSINESS OR INDUSTRY			
306-09-5805A		Retired		Sheet & Tin Mill			
14a. RESIDENCE--STATE		14b. RESIDENCE--CITY, TOWN, OR LOCATION		14c. INSIDE CITY LIMITS (SPECIFY YES OR NO)		14d. TOWNSHIP	
Indiana		Lake Gary		No		Calumet PH	
15a. FATHER--NAME		15b. MOTHER--MAIDEN NAME		16. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service)		17. IS REMOVED FROM A FARM?	
James		Minerva		W. W. # 1		No (X)	
18. FATHER--MIDDLE		18. MOTHER--MIDDLE		19. FATHER--LAST		19. MOTHER--LAST	
W.		Wald					
15. PARENTS		16. PARENTS		17. PARENTS		18. PARENTS	
James		Minerva		Wald			
15. INFORMANT--NAME		16. INFORMANT--RELATIONSHIP		17. MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)			
Grace Wyman		Wife		4014 West 47th Ave., Gary, Ind. 46408			
17a. PART I. DEATH WAS CAUSED BY		17b. [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]		17c. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
18. IMMEDIATE CAUSE		(a) Myocardial infarction - Coronary artery heart disease		2 days			
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (A), STATING THE UNDERLYING CAUSE LAST		(b) Coronary atherosclerosis		5 yrs			
CAUSE		(c) Pulmonary edema		8 hrs			
19. PART II. OTHER SIGNIFICANT CONDITIONS GIVEN IN PART I (A)		20. CONDITION CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE		21. ADUPTOSY YES (X) NO ( )		22. IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH	
Atherosclerosis generalized						19a. YES ( ) NO ( )	
23. DATE & TIME OF DEATH		24. MONTH		25. DAY		26. YEAR	
1		23		69			
27. PHYSICIAN'S NAME (TYPE OR PRINT)		28. SIGNATURE OF PHYSICIAN		29. DATE RECEIVED BY LOCAL HEALTH OFFICER			
G. M. Young, M.D.		G. M. Young MD		JAN 25 1969			
30. M.D. OR D.O.		31. MAILING ADDRESS--PHYSICIAN		32. STREET OR R.F.D. NO.		33. CITY OR TOWN	
D.O.		3656 Grant		GARY		INDIANA 46405	
34. BURIAL, CREMATION, REMOVAL (SPECIFY)		35. CEMETERY, CREMATORY, FUNERAL HOME		36. LOCATION		37. CITY OR TOWN	
Burial		Calumet Park Cemetery		Merrillville, Indiana			
38. DATE (MONTH, DAY, YEAR)		39. FUNERAL HOME--NAME AND ADDRESS		40. (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)			
Jan. 27, 1969		Geisen Funeral Home Inc., 3805 Adams St., Gary, Indiana 46408					
41. HEALTH OFFICER--SIGNATURE		42. DATE RECEIVED BY LOCAL HEALTH OFFICER		43. SIGNATURE		44. DATE RECEIVED BY LOCAL HEALTH OFFICER	
J. Rosenbloom		JAN 25 1969		J. Rosenbloom		JAN 25 1969	

SBH 6-24-2

Key # 39-22-30 & 39-339-14

008676

Disposition Permit Issued! / /  
Provisional Certificate  
Yes  No