94023944

93-0955

Local No. ....

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No.

King & Meyer
363 S. Lake St.
Gary, IN 46403

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-19-3

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

1 DECEASED—NAME (First Middle Last): William R. Turner Sr.
2 SEX: Male
3a TIME OF DEATH: 10:15 A
3b DATE OF DEATH (Month Day Yr): December 13, 1993
4 SOCIAL SECURITY NUMBER: 312-05-0551
5a AGE—Last Birthday (Years): 83
5b UNDER 1 YEAR: Months / Days
5c UNDER 1 DAY: Hours / Minutes
6 DATE OF BIRTH (Mo Day Yr): March 27, 1910
7 BIRTHPLACE (City and State or Foreign Country): Decatur, Alabama
8a WAS DECEDENT A U.S. VETERAN?: No
8b YEAR LAST SERVED IN U.S. ARMED FORCES?: N/A
9a PLACE OF DEATH (Check only one. See instructions): HOSPITAL ☐ Inpatient ☐ ER/Outpatient ☐ DOA; OTHER ☒ Nursing Home ☐ Residence ☐ Other (Specify)
9b FACILITY NAME (If not institution, give street and number): Westside Health Care Center
9c CITY, TOWN OR LOCATION OF DEATH: Gary
9d COUNTY OF DEATH: Lake
10 MARITAL STATUS (Specify): Married
11 SURVIVING SPOUSE (If wife, give maiden name): Sonja Wimbley
12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Supervisor
12b KIND OF BUSINESS/INDUSTRY: USX Steel Corp.
13a RESIDENCE—STATE: Indiana
13b COUNTY: Lake
13c CITY, TOWN OR LOCATION: Gary
13d STREET AND NUMBER: 353 Tyler Street
13e ZIP CODE: 46402
13f INSIDE CITY LIMITS: ☐ No ☒ Yes
13g ON A FARM?: ☒ No ☐ Yes
14 CITIZEN OF WHAT COUNTRY?: U S A
15 WAS DECEDENT OF HISPANIC ORIGIN?: ☒ No ☐ Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc.)
16 RACE—American Indian, Black, White, etc. (Specify): Black
17 DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 12th; College (1-4 or 5+):

PARENTS

18 FATHER'S NAME (First Middle Last): Walter Turner
19 MOTHER'S NAME (First Middle Maiden Surname): Maude (Unknown)

INFORMANT

20a INFORMANT'S NAME (Type/Print): William R. Turner Jr.
20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 537 N Jasper Street Gary, Indiana 46403
20c RELATIONSHIP: Son

DISPOSITION

21a METHOD OF DISPOSITION: ☒ Burial ☐ Cremation ☐ Removal from State ☐ Entombment ☐ Donation ☐ Other (Specify)
21b DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): December 15, 1993 Evergreen Cemetery
21c LOCATION (City or Town, State): Hobart, Indiana
22a EMBALMER'S NAME: Roosevelt AllenJr.
22b EMBALMER'S LICENSE NO: #01051701
23 WAS DEATH REPORTED TO CORONER?: ☒ No ☐ Yes
24a SIGNATURE OF FUNERAL DIRECTOR: [signature]
24b LICENSE NUMBER (of Licensee): 08700646
25 NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME: Guy & Allen Funeral Directors, Inc. 2959 W. 11th Avenue Gary, Indian46404 8300124

CAUSE OF DEATH

26 PART I Enter the diseases, injuries, or complications that caused the death. Do not enter nonspecific terms, 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. (1) Colon Carcinoma & Metastasis
b. DUE TO (OR AS A CONSEQUENCE OF): (2) Malnutrition & anemia due to (1)
c. DUE TO (OR AS A CONSEQUENCE OF): (3) PEG tube feeding due to dysphagia
d. DUE TO (OR AS A CONSEQUENCE OF): (4) ASCVD

Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last

PART II Other significant conditions - Conditions contributing to death but not resulting in the underlying cause given in Part I
27 WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no): No
28a WAS AN AUTOPSY PERFORMED? (Yes or no): No
28b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no): No

CERTIFIER

29a CERTIFIER (Check only one)
☒ CERTIFYING PHYSICIAN — To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) as stated
☐ 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) as stated
☐ CORONER — 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
29b SIGNATURE AND TITLE OF CERTIFIER: Fred S. Cho MD
29c MEDICAL LICENSE NO: 26003
29d DATE SIGNED (Month Day Year): 12/30/93
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print): Dr. F.S. Cho 353 Tyler Street Gary, IN 46402

HEALTH OFFICER

31 HEALTH OFFICER'S SIGNATURE: [signature]
FILED
32 DATE FILED (Month Day Year): JAN. 10 1994

CORONER USE ONLY

33 MANNER OF DEATH: ☐ 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)
34g DATE PRONOUNCED DEAD (Month Day Year)
34h MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, ...

MAR 29 1994

Anna M. Anton
AUDITOR LAKE COUNTY
01602

Colgrove's Add. Tollston Key #42-143-13
S. 12 1/2 FT OF L. 12 BL. 1
All L. 14 BL. 1
N. 2.50 FT. L. 14 BL. 1

FILED FOR RECORD LAKE COUNTY
STATE OF INDIANA
35

6CK

SDH06-004 State Form 10110 (R3 / 3-92) DEATHCER PD