9950 Tyler County
→ Crown Point 46307-2486

ATTENTION ESTATE: Disclosure of the SS# we need to pursue our responsibilities is voluntary and there will be no penalty for refusal.

Local No. 681

THIS CERTIFIES THE FOLLOWING IS A TRUE AND COMPLETE COPY OF DEATH ON FILE WITH THE HAMMOND HEALTH DEPARTMENT.
Sept. 22, 1995 — Franklin D. Pimentel
Date Issued — Hammond Health Commissioner

INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

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)	Wayne Wheetley
2. SEX	Male
3a. TIME OF DEATH	9:03 P M
3b. DATE OF DEATH (Month, Day, Yr)	September 20, 1995
4. SOCIAL SECURITY NUMBER	429-30-1415
5a. AGE—Last Birthday (Years)	72
5b. UNDER 1 YEAR (Months, Days)	
5c. UNDER 1 DAY (Hours, Minutes)	
6. DATE OF BIRTH (Mo, Day, Yr)	Oct. 21, 1922
7. BIRTHPLACE (City and State or Foreign Country)	Searcy, Arkansas
8a. WAS DECEDENT A U.S. VETERAN?	No
8b. YEAR LAST SERVED IN U.S. ARMED FORCES?	None
9a. PLACE OF DEATH (Check only one. See instructions)	HOSPITAL: ☐ Inpatient ☐ ER/Outpatient ☐ DOA; OTHER: ☐ Nursing Home ☐ Other (Specify) XX Residence
9b. FACILITY NAME (If not institution, give street and number)	1447 Atlas Street
9c. CITY, TOWN OR LOCATION OF DEATH	Hammond
9d. COUNTY OF DEATH	Lake
10. MARITAL STATUS (Specify)	Married
11. SURVIVING SPOUSE (If wife, give maiden name)	Georgette Pindiak
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired)	Standard Millwright
12b. KIND OF BUSINESS/INDUSTRY	Steel
13a. RESIDENCE—STATE	Indiana
13b. COUNTY	Lake
13c. CITY, TOWN, OR LOCATION	Hammond
13d. STREET AND NUMBER	1447 Atlas Street
13e. ZIP CODE	46320
13f. INSIDE CITY LIMITS	☐ No X Yes
13g. ON A FARM?	X No ☐ Yes
14. CITIZEN OF WHAT COUNTRY?	USA
15. WAS DECEDENT OF HISPANIC ORIGIN? (If yes, specify Cuban, Mexican, Puerto Rican, etc.)	X No ☐ Yes
16. RACE—American Indian, Black, White, etc. (Specify)	White
17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) / College (1-4 or 5+)	11

PARENTS

18. FATHER'S NAME (First, Middle, Last)	Arley Wheetley
19. MOTHER'S NAME (First, Middle, Maiden Surname)	Mae Unavailable

INFORMANT

20a. INFORMANT'S NAME (Type/Print)	Georgette Wheetley
20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)	1447 Atlas St., Hammond, IN 46320
20c. Relationship	Wife

DISPOSITION

21a. METHOD OF DISPOSITION	XX Burial ☐ Cremation ☐ Donation ☐ Other (Specify) ☐ Entombment ☐ Removal from State
21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)	September 23, 1995 Chapel Lawn Memorial Gardens
21c. LOCATION—City or Town, State	Schererville, Indiana
22a. EMBALMER'S NAME	Larry D. Anthony
22b. EMBALMER'S LICENSE NO.	01001447
23. WAS DEATH REPORTED TO CORONER?	☐ No ☒ Yes
24a. SIGNATURE OF FUNERAL DIRECTOR	Larry D. Anthony
24b. LICENSE NUMBER (of Licensee)	01001447
25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME	Anthony & Dziadowicz F.H. #83002916 9445 Calumet Ave., Munster, IN 46321

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. Hepatocellular Carcinoma
DUE TO (OR AS A CONSEQUENCE OF)
b.
DUE TO (OR AS A CONSEQUENCE OF)
c.
DUE TO (OR AS A CONSEQUENCE OF)
d.

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 previously stated 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)
XX 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	Salman Gailani
29c. MEDICAL LICENSE NO.	27970
29d. DATE SIGNED (Month, Day, Year)	September 21, 1995
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print)	S. D. Gailani, M.D. 9116 Columbia Ave., Munster, Indiana 46321

HEALTH OFFICER

31. HEALTH OFFICER'S SIGNATURE	Franklin D. Pimentel M.D.
32. DATE FILED (Month, Day, Year)	SEP 22 1995

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, pedestrian, etc.	

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#36-1841

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FILED SEP 28 1995
SAM ORLICH AUDITOR LAKE COUNTY

STATE OF INDIANA LAKE COUNTY FILED FOR RECORD
95 SEP 28 AM 10:34
MARGARET ... RECORDER

RECORDER'S OFFICE SEAL INDIANA

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SDH06-004 State Form 10110 (R4/3-93) Deathcer/PD 1