

INDIANA STATE BOARD OF HEALTH
CORONER'S CERTIFICATE OF DEATH

State No. _____

Local No. 374

TYPE OR PRINT
PLAINLY WITH
UNFADING INK

TYPE OR PRINT
IN
PERMANENT
INK
FOR
INSTRUCTIONS
SEE
HANDBOOK

DECEASED

PARENTS

DISPOSITION

CERTIFIER

CONDITIONS
IF ANY
WHICH GAVE
RISE TO
IMMEDIATE
CAUSE
STATING THE
UNDERLYING
CAUSE LAST

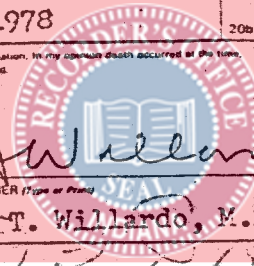
CAUSE

DECEASED—NAME FIRST MIDDLE LAST OWEN J. CONNELL		SEX MALE	DATE OF DEATH (MONTH, DAY, YEAR) MAY 8, 1978
RACE—(to g. White, Black, American Indian, etc.) (Specify) WHITE	AGE—Last Birthday (Mo., Day, Yr.) Sa. 52	UNDER 1 YEAR Mb. 2 DAYS Mc. 1 HOURS Mm. 1 MIN.	DATE OF BIRTH (Mo., Day, Yr.) MARCH 7, 1926
CITY, TOWN OR LOCATION OF DEATH HAMMOND	HOSPITAL OR OTHER INSTITUTION—(Name if not in either, give street and number) ST. MARGARET HOSPITAL		IF HOSP. OR INST. Indicate DOA, OP, Extol, Rem., Inquest (Specify) 7d. DOA
STATE OF BIRTH (If not in U.S.A. name country) INDIANA	CITIZEN OF WHAT COUNTRY U.S.A.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED	SURVIVING SPOUSE (If wife, give maiden name) NONE
SOCIAL SECURITY NUMBER 309-24-8640	USUAL OCCUPATION (Give kind of work done during most of working life, when it continued) MACHINE OPERATOR	KIND OF BUSINESS OR INDUSTRY STANDARD STEEL SPECIALTY CO.	
RESIDENCE—STATE INDIANA	COUNTY LAKE	CITY, TOWN OR LOCATION MUNSTER	IS RESIDENCE ON A FARM? 15e. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
STREET AND NUMBER 9716 WHITE OAK AVENUE	IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. 15g. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INSIDE CITY LIMITS (SPECIFY YES OR NO) 15i. YES
FATHER—NAME FIRST MIDDLE LAST JOHN P. CONNELL	MOTHER—MAIDEN NAME FIRST MIDDLE LAST CLEO SCHULTZE		
INFORMANT—NAME (Type or print) VERNA CONNELL	MAILING ADDRESS STREET OR R.F.D. NO. 9716 WHITE OAK AVENUE	CITY OR TOWN MUNSTER	STATE ZIP INDIANA 46321
BURIAL, CREMATION, REMOVAL, OTHER (Specify) BURIAL	CEMETERY OR CREMATORY—FUNERAL HOME ELMWOOD CEMETERY	LOCATION CITY OR TOWN STATE HAMMOND, INDIANA	
DATE (MONTH, DAY, YEAR) MAY 10, 1978	FUNERAL HOME—NAME AND ADDRESS SOLAN FUNERAL HOME, 7109 CALUMET AVE., HAMMOND, IND. 46324	(STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)	
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) stated.		DATE SIGNED (Mo., Day, Yr.) 5/11/1978	HOUR OF DEATH M
21a. Signature <i>Albert T. Willardo, M.D.</i>		21b. PRONOUNCED DEAD (Mo., Day, Yr.) 5/8/1978	21c. PRONOUNCED DEAD (Hour) 21e. AT 8:13 A.M. M
NAME AND ADDRESS OF CERTIFIER (Type or Print) Albert T. Willardo, M. D. 2293 N. Main St., Crown Point, Ind. 46307		HEALTH OFFICER—SIGNATURE <i>[Signature]</i>	
22a. HEALTH OFFICER—SIGNATURE		DATE RECEIVED BY LOCAL HEALTH OFFICER MAY 11 1978	
23. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR 1AL AND 1B)		Interval between onset and death	
PART I (a) Myocardial Infarction due to coronary atherosclerosis		embolism	
(b) DUE TO, OR AS A CONSEQUENCE OF		Interval between onset and death	
(c) DUE TO OR AS A CONSEQUENCE OF		Interval between onset and death	
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I		AUTOPSY (Specify Yes or No) 24. yes	
ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify) NATURAL	DATE OF INJURY (Mo., Day, Yr.) 25b.	HOUR OF INJURY 25c. PETER BENJAMIN	DESCRIBE HOW INJURY OCCURRED LAKE COUNTY AUDITOR
INJURY AT WORK (Specify Yes or No) 25d.	PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 25f.	STATE 25g.	CITY OR TOWN

THIS CERTIFIES THE ABOVE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE HAMMOND HEALTH DEPT. STATE OF INDIANA *[Signature]* MAY 11 1978 LAKE COUNTY HEALTH COMMISSIONER

62/610
FUNERAL HOME No. 289
DECEASED No. 32194
IF DEATH OCCURRED IN INSTITUTION, SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS.
2000 MAR 29 AM 9:50
FUNERAL DIRECTOR'S LICENSE No. 2141
DATE ISSUED FILED IN HAMMOND HEALTH COMMISSIONER
2000 MAR 29 AM 9:50
FUNERAL DIRECTOR'S LICENSE No. 2141
LOT 3 JONES ADDITION, MUNSTER PB 32194
2000 APR 02 13386
K# 28-203-3
FUNERAL DIRECTOR'S SIGNATURE *Anthony J. Jones*

Disposition Permit Issued / /
Provisional Certificate
 Yes No



FILED

9.50
mm
ct