

ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pursue its statutory responsibility. Disclosure is voluntary and there will be no penalty for refusal.

11CC + 3 free VETS
INDIANA STATE DEPARTMENT OF HEALTH

Key No. 25-47-460-14

CERTIFICATE OF DEATH

State No.

Local No. 2140-01

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 10-1-10-3

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

1 DECEASED—NAME (First Middle Last) Jasper Charles Wilder II		2 SEX Male	3a TIME OF DEATH 10:35A	3b DATE OF DEATH (Month Day Yr) October 8, 1997	
4 *SOCIAL SECURITY NUMBER 316-09-2699A	5a AGE—Last Birthday (Years) 76	5b UNDER 1 YEAR Months Days	5c UNDER 1 DAY Hours Minutes	6 DATE OF BIRTH (Mo. Day Yr) May 21, 1921	
7 BIRTHPLACE (City and State or Foreign Country) Wilmot, Arkansas	8a WAS DECEDENT A US VETERAN? Yes				
8b YEAR LAST SERVED IN US ARMED FORCES? 1945	8c PLACE OF DEATH (Check only one See instructions) HOSPITAL <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence				
9a FACILITY NAME (If not institution, give street and number) William Riley Memorial Hospital		9b CITY, TOWN OR LOCATION OF DEATH Munster		9c COUNTY OF DEATH Lake	
10 MARITAL STATUS Married	11 SURVIVING SPOUSE (If wife, give maiden name) Eliza Claxton	12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Teacher		12b KIND OF BUSINESS/INDUSTRY Gary Community School Corp.	
13a RESIDENCE—STATE Indiana	13b COUNTY Lake	13c CITY, TOWN OR LOCATION Gary	13d STREET AND NUMBER 3940 West 23rd Avenue		
13e ZIP CODE 46404	13f INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	14 CITIZEN OF WHAT COUNTRY? USA	15 WAS DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If yes specify Cuban Mexican Puerto Rican, etc.)	16 RAC—American Indian, Black, White, etc. (Specify) Black	
17 DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) <input checked="" type="checkbox"/> College (13-16) <input type="checkbox"/> 4 Years		18 FATHER'S NAME (First Middle Last) Jasper Charles Wilder Sr.			
19 MOTHER'S NAME (First Middle Maiden Surname) Lucy Pounds		20a INFORMANT'S NAME (Type/Print) Jasper Charles Wilder III			
20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 1234 Wood Hollow Lane Marietta, Georgia 30067		20c Relationship Son			
21a METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		21b DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory or other place) October 13, 1997 Evergreen Cemetery		21c LOCATION—City or Town, State Hobart, Indiana	
22a EMBALMER'S NAME Roosevelt Allen Sr.		22b EMBALMER'S LICENSE NO. #01051696	23 WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
24a SIGNATURE OF FUNERAL DIRECTOR <i>[Signature]</i>		24b LICENSE NUMBER (of Licensee) #08700646	25 NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Gay & Allen Funeral Directors, Inc. 83007704 2959 West 11th Avenue City, Indiana 46404		
26 PART I Enter the disease, 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. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Large cell Lymphoma A Stage IV b. _____ c. _____ d. _____ Conditions if any which gave rise to the immediate cause stating the underlying cause last		27 WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
PART II Other significant conditions - Conditions contributing to death but not previously stated in Part I		28a WAS AN AUTOPSY PERFORMED? (Yes or no) NO		28b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no)	
29a CERTIFIER (Check only one) <input checked="" type="checkbox"/> CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated. <input type="checkbox"/> 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. <input type="checkbox"/> 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 Barbara L. Fuller, M.D.		29c MEDICAL LICENSE NO. 01034701	29d DATE SIGNED (Month, Day, Year) 10/14/97		
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Barbara L. Fuller, M.D., 930 S So. Calumet Ave. Ste A1 Munster, IN 46321					
HEALTH OFFICER'S SIGNATURE <i>[Signature]</i> DATE FILED (Month, Day, Year) October 17, 1997					
33 MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide		34a DATE OF INJURY (Month, Day, Year)	34b TIME OF INJURY	34c INJURY AT WORK? (Yes or no)	34d DESCRIBE HOW INJURY OCCURRED F0126
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.			



Handwritten notes on the left margin: K/17a Wilder, 3940 W. 23rd Ave, Gary, IN 46404

Handwritten notes on the right margin: DULY ENTERED FOR TAXATION SUBJECT TO FINAL ACCEPTANCE FOR TRANSFER, OCT 20 1997

PETER BENJAMIN LAKE COUNTY AUDITOR

Handwritten initials and notes at the bottom right: 900, CAS