

TYPE OR PRINT
PLAINLY WITH
UNSPADING INK
THIS IS A
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RECORD

Below for State Office Use

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Disposition Permit Issued /
Provisional Certificate
 Yes No

Local No. 1327-82
FUNERAL HOME No. 244
FUNERAL DIRECTOR'S LICENSE No. 1374
EMBALMER'S NAME JAMES F. BURNS LICENSE No. 946
FUNERAL DIRECTOR'S SIGNATURE James F. Burns LICENSE No. 1374

LAKE COUNTY BOARD OF HEALTH

CORONER'S CERTIFICATE OF DEATH

DECEASED - NAME ALEC KEITH ADAMS , Male		DATE OF DEATH August 23, 1982	
FACE - WHITE	AGE - 60	UNDER 1 YEAR UNDER 1 DAY	COUNTY OF DEATH LAKE
CITY, TOWN OR LOCATION OF DEATH MERRILLVILLE		HOSPITAL OR OTHER INSTITUTION METHODIST HOSPITAL, SOUTHLAKE CAMPUS	
STATE OF BIRTH ILLINOIS	CITIZEN OF WHAT COUNTRY U.S.A.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED MARRIED	WAS DECEASED IN U.S. ARMY, NAVY, AIR FORCE, MARINE CORPS, COAST GUARD INPATIENT
SOCIAL SECURITY NUMBER 305-12-9244	USUAL OCCUPATION BUTCHER	FIND OF BUSINESS OR INDUSTRY A & P SUPERMARKET	
RESIDENCE - STATE INDIANA	COUNTY LAKE	CITY, TOWN OR LOCATION MERRILLVILLE	
STREET AND NUMBER 5477 VAN BUREN STREET		IS RESIDENCE ON A FARM? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
FATHER - NAME ALEC K. ADAMS, SR.		MOTHER - NAME KATHERINE KING	
INFORMANT - NAME & RELATIONSHIP GEORGEDEAN ADAMS (WIFE)		MAILING ADDRESS 5477 VAN BUREN ST., MERRILLVILLE, IN. 46410	
DISPOSITION BURIAL		CEMETERY OR CREMATORY - FUNERAL HOME CALUMET PARK CEMETERY	
DATE AUGUST 25, 1982		LOCATION MERRILLVILLE, INDIANA 46410	
CERTIFIER Albert T. Willard, M.D.		DATE OF DEATH 8-24-82	
NAME AND ADDRESS OF CERTIFIER ALBERT T. WILLARD, M.D., 2293 NORTH MAIN ST., CROWN POINT, IN. 46307		PROMULGED DEAD 8/23/82	
HEALTH OFFICER'S SIGNATURE <i>[Signature]</i>		DATE RECEIVED BY LOCAL HEALTH OFFICER 8-24-82	
PART I Vascular collapse		THIS CERTIFIES THE ABOVE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE IN THE LAKE COUNTY HEALTH DEPT. JUN 26 2000 <i>Albert T. Willard, M.D.</i> LAKE COUNTY HEALTH COMMISSIONER	
PART II Due to arteriosclerotic heart & vascular disease			
PART III Emphysema			
ACC. SUICIDAL HOW, UNDER OR PENDING INVESTIGATION Natural	DATE OF INJURY 75b	HOUR OF INJURY 75c	DESCRIBE WITH REFERENCE TO RECORD 75d
PLACE OF INJURY	75e	75f	75g

FILED

NOT OFFICIAL!

This document is the property of Lake County Recorder!

PETER BENJAMIN
LAKE COUNTY AUDITOR