

102

TYPE OR PRINT
PLAINLY WITH
UNFADING INK
THIS IS A
PERMANENT
RECORD

Below for State Office Use

THIS CERTIFIES THE ABOVE IS A TRUE AND
COMPLETE COPY OF THE CERTIFICATE OF DEATH
ON FILE WITH THE HAMMOND HEALTH DEPT.
FEB 7 1980
Date issued

Disposition Permit
Issued / /
Provisional
Certificate
 Yes No

EMBALMER'S NAME: J. P. Prigton Jr., 2000 AUG 5 1980

FUNERAL DIRECTOR'S SIGNATURE: [Signature]

FUNERAL HOME: MORRIS W. CARTER, 242

FUNERAL HOME No. 286

Local No. 102

INDIANA STATE BOARD OF HEALTH MEDICAL CERTIFICATE OF DEATH

State No. 796

Local No. 102

TYPE OR PRINT IN PERMANENT INK FOR RECORD

DECEASED

USUAL RESIDENCE WHERE DECEASED LIVED, IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION

PARENTS

DISPOSITION

M.D. OR D.O.

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

CAUSE

1. DECEASED—NAME Carl Leon Wheeler		2. SEX Male	3. DATE OF DEATH (MONTH, DAY, YEAR) February 2, 1980
4. RACE White		5. AGE (MONTHS, DAYS, HOURS, MIN.) 61 2 18	6. COUNTY OF DEATH Lake
7. CITY, TOWN OR LOCATION OF DEATH Hammond		8. HOSPITAL OR OTHER INSTITUTION—Name if not in either, give street and number Saint Margaret Hospital	
9. STATE OF BIRTH Illinois	10. OTHER BIRTH COUNTRY U.S.A.	11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify date) Married	12. SURVIVING SPOUSE (Name, give maiden name) Donna M. Wheeler
13. SOCIAL SECURITY NUMBER 338-16-7019		14. USUAL OCCUPATION (Give kind of work done during most of life) Foreman	
15. RESIDENCE—STATE Indiana		16. KIND OF BUSINESS OR INDUSTRY Steel	
17. RESIDENCE—COUNTY Lake		18. CITY, TOWN OR LOCATION Hammond	
19. STREET AND NUMBER 4429 Elm Street		20. IS RESIDENCE ON A FARM? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
21. IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
22. FATHER—NAME Leon H. Wheeler		23. MOTHER—MAIDEN NAME Olive	
24. INFORMANT—NAME (Type or print) Donna M. Wheeler		25. MAILING ADDRESS (Street or R.F.D. no., city or town, state) 4429 Elm Street, Hammond, Indiana 46327	
26. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		27. CEMETERY OR CREMATORY—FUNERAL HOME Chapel Lawn	
28. DATE (MONTH, DAY, YEAR) February 5, 1980		29. LOCATION (City or town, state) Schererville, Indiana	
30. To the best of my knowledge, the deceased at the time of death was suffering from the following condition: Cardiovascular failure		31. DATE SIGNED (Mo., Day, Yr.) 2/6/80	
32. NAME OF ATTENDING PHYSICIAN (Type or print) Henry G. Giragos, M. D.		33. HOUR OF DEATH M	
34. MAILING ADDRESS—PHYSICIAN 800 MacArthur Blvd., Munster, Indiana 46321		35. HEALTH OFFICER—SIGNATURE Franklin J. Prigton Jr.	
36. DATE RECEIVED BY LOCAL HEALTH OFFICER FEB 7 1980		37. SIGNATURE OF LOCAL HEALTH OFFICER [Signature]	
38. PART I (a) Cardiovascular failure DUE TO, OR AS A CONSEQUENCE OF		39. PART II (a) Coronary artery disease DUE TO, OR AS A CONSEQUENCE OF	
40. PART III OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)			

SBH 06-003
REV. 10/77

F.R. Mott's 3rd Add N 31st of lot 10 Bl. 2 + S10ft of lot 9 Bl. 2

RECEIVED
ADVANCE MESSAGE
FEB 27 1980

CLAIMANT SERVICING 9:00
S.S. AC

25x10