

TYPE OR PRINT
PLAINLY WITH
NON-FADING INK
THIS IS A
PERMANENT
RECORD

For State Office Use

Initials

Total

LICENSE No. 4104

EMERALD'S NAME JOHN R. WILLIAMS

FUNERAL DIRECTOR'S
LICENSE No. 1789

FUNERAL DIRECTOR'S
SIGNATURE John R. Williams

2000-057859
Local No. 72-0246

INDIANA STATE BOARD OF HEALTH
CORONER'S CERTIFICATE OF DEATH

44-187-37
Death No.

PERMANENT INK SEE HANDBOOK FOR INSTRUCTIONS		DECEASED—NAME		SEX	DATE OF DEATH (MONTH, DAY, YEAR)
1. JESSE		EDMOND		2. MALE	2-15-1972
RACE (WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY))		AGE (LAST BIRTHDAY, YEARS)	UNDER 1 YEAR MO. DAYS	UNDER 1 DAY HOURS MIN	DATE OF BIRTH (MONTH, DAY, YEAR)
4. NEGRO		5a. 38	5b.	5c.	6. 2-13-1933
CITY, TOWN, OR LOCATION OF DEATH		INSIDE CITY LIMITS (SPECIFY YES OR NO)	HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)		
7. LAKE		7a. YES	7d. METHODIST HOSPITAL		
STATE OF BIRTH (IF NOT IN U.S.A.)		CITIZENSHIP OF WHAT COUNTRY	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)
8. ALA.		9. U.S.A.	10. MARRIED		11. MARGIE MACK
USUAL RESIDENCE WHERE DECEASED LIVED IF DEATH OCCURRED IN INSTITUTION GIVE RESIDENCE BEFORE ADMISSION		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)		FIND OF BUSINESS OR INDUSTRY	
12. 306-34-7006		13a. PIPE FITTER		13b. INLAND STEEL CO.	
RESIDENCE—STATE		COUNTY	CITY, TOWN OR LOCATION	INSIDE CITY LIMITS (SPECIFY YES OR NO)	TOWNSHIP
14a. IND.		14b. LAKE	14c. GARY	14d. YES	14e. CALUMET
STREET AND NUMBER		49. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		50. IS RESIDENCE ON A FARM?	
141. 382 HAYES ST.		YES		KOREAN WAR	
PARENTS		FATHER—NAME	MOTHER—MAIDEN NAME		
15. John Edmond		16. Mary Barks			
INFORMANT—NAME		RELATIONSHIP	MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)		
17a. MARGIE Edmond		17b. WIFE	17. 382 HAYES ST. GARY, IND.		
CAUSE OF DEATH		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
18. DEATH WAS CAUSED BY		(ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))			
18a. Massive internal hemorrhage					
18b. Rupture of heart and liver					
18c. head and neck injuries					
OTHER SIGNIFICANT CONDITIONS—CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE		AUTOPSY (YES OR NO)		IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH	
19a. head and neck injuries		19b. YES		19c. YES	
ACCIDENT, SUICIDE, HOMICIDE, DATE OF INJURY (MONTH, DAY, YEAR), OR UNDETERMINED (SPECIFY)		HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)			
20a. accident		20b. February 15, 1972	20c. Involved in auto accident		
INJURY AT WORK (SPECIFY YES OR NO)		PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)	LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)		
20e.		20f. street	20g. Airport Road and Industrial Ave., Gary, Indiana		
CORONER'S CERTIFICATION					
DEATH OCCURRED (HOUR)		THE DECEDENT WAS PROLONGED DEAD (MONTH DAY YEAR)		DATE SIGNED (MONTH, DAY, YEAR)	
21a. 8:00 A.M.		21b. February 15 1972		21c. February 17, 1972	
CERTIFIER—NAME (TYPE OR PRINT)		SIGNATURE		ID (DEGREE OR TITLE)	
22a. ALEXANDER S. WILLIAMS, M.D., CORONER		22b. Alexander S. Williams, M.D.		M.D.	
MAILING ADDRESS—CERTIFIER		CITY OR TOWN	STATE	ZIP	
23. 751 Washington Street		Gary	Indiana	46402	
BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY, CREMATORY, FUNERAL HOME		LOCATION (CITY OR TOWN STATE)	
24a. BURIAL		24b. FERN OAK CEM.		24c. GRIFFITH, IND.	
DATE (MONTH, DAY, YEAR)		FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)			
24d. 2-19-72		25a. HINTON-WILLIAMS 4659 ALEXANDER, E. CHICAGO, IND.			
SIGNATURE OF HEALTH OFFICER		RECEIVED BY LOCAL HEALTH OFFICER		DATE	
25b. [Signature]		25c. [Signature]		FEB 17 1972	

FILED

AUG 12 2000

PETER BENJAMIN
LAKE COUNTY AUDITOR

CRS
00770 9.00 AM