

INDIANA STATE DEPARTMENT OF HEALTH

Local No. 308

CERTIFICATE OF DEATH

State No.

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-19-3

TYPE/PRINT IN PERMANENT BLACK INK

Form with fields for DECEASED NAME (Theresa Harris Williams), SEX (Female), TIME OF DEATH (10:01A M), DATE OF DEATH (October 20, 1992), SOCIAL SECURITY NUMBER (316-42-4987), AGE (53), DATE OF BIRTH (July 19, 1939), BIRTHPLACE (East Chicago, Indiana), FACILITY NAME (St. Catherine Hospital), CITY/TOWN (East Chicago), COUNTY (Lake), MARITAL STATUS (Married), SURVIVING SPOUSE (Edward L. Williams), OCCUPATION (Teacher (Retired)), RESIDENCE (3113 Dearborn St., East Chicago, Indiana), FATHER'S NAME (Madison Harris Sr.), MOTHER'S NAME (Minnie L. Thomas), DEATH REPORTED TO CORONER (No), METHOD OF DISPOSITION (Burial), DATE AND PLACE OF DISPOSITION (October 24, 1992, Evergreen Memorial Park), EMBALMER'S NAME (Tracy Cheri Williams), SIGNATURE OF FUNERAL DIRECTOR (Tracy Cheri Williams), IMMEDIATE CAUSE OF DEATH (INTRACEREBRAL HEMORRHAGE), CERTIFIER (Certifying Physician), SIGNATURE AND TITLE OF CERTIFIER (George J. Asteris MD), NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (George J. Asteris MD), HEALTH OFFICER'S SIGNATURE (Peter Benjamin), MANNER OF DEATH (Natural), DATE OF INJURY (AUG 21 2000), PLACE OF INJURY (PETER BENJAMIN LAKE COUNTY AUDITOR), DATE PRONOUNCED DEAD (10/21/92).

DECEASED

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

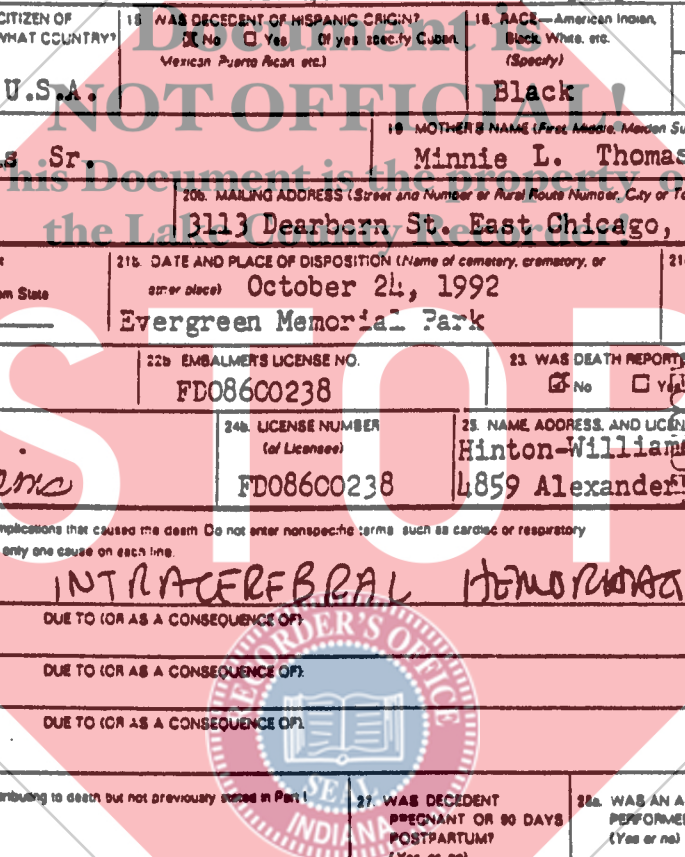
CERTIFIER

HEALTH OFFICER

CORONER USE ONLY

Swanson's Extension to Sunnyside Add hot 10 + Triangle Part of hot 11

UN: #24 Key # 30-630-10



3:29

01436

O.S. Ac 9:00



Official Stamp

STATE OF INDIANA
COUNTY CLERK
FILED

2000 060353

2000 AUG 21 PM 3:29

MORRIS W. CARTER
RECORDER

Document Mail Back to
Information Sheet

This is where you want the recorded document sent back to when it has completed the recording process.

Name EDWARD L. WILLIAMS

Address 3113 DEARBORN ST.

City St Zip EAST CHICAGO, IN 46312

Telephone (219) 378-3290

Signature Printed [Signature]

Signature Written EDWARD L. WILLIAMS

Date of Signature 8-21-00

Check Number _____

Check Amount \$9.00 CASH

Office Use Only

Check Equals Amount Due Yes No

Total _____

Initials Ac