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

Below for State Office Use

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Disposition Permit Issued / /

Provisional Certificate ☐ Yes ☐ No

EMBALMER'S NAME Roosevelt Allen LICENSE No. 5170

FUNERAL DIRECTOR'S SIGNATURE [signature] LICENSE No. 270

FUNERAL HOME No. 770

9cc/Both

Local No. 82-0453

State No. Key # 46-111-3

INDIANA STATE BOARD OF HEALTH
CORONER'S CERTIFICATE OF DEATH

TYPE OR PRINT IN PERMANENT INK FOR INSTRUCTIONS SEE HANDBOOK

DECEASED

1. DECEASED—NAME: George W. Willett Jr.
2. SEX: Male
3. DATE OF DEATH (MONTH, DAY, YEAR): June 20, 1982
4. RACE—(e.g. White, Black, American Indian, etc.) (Specify): Black
5a. AGE—Last Birthday (Yrs.): 62
5b. UNDER 1 YEAR — MOS.
5c. UNDER 1 DAY — HOURS / MINS
6. DATE OF BIRTH (Mo., Day, Yr.): 3/10/1920
7a. COUNTY OF DEATH: Lake
7b. CITY, TOWN OR LOCATION OF DEATH: Gary
7c. HOSPITAL OR OTHER INSTITUTION—Name (If not in either, give street and number): Methodist Hospital North-Lake
7d. IF HOSP. OR INST. Indicate DOA OP/Emer. Rm., Inpatient (Specify)
8. STATE OF BIRTH (If not in U.S.A. name country): Tenn.
9. CITIZEN OF WHAT COUNTRY: U.S.A.
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
11. SURVIVING SPOUSE (If wife, give maiden name): Mary Lockett
12. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No): yes
13. SOCIAL SECURITY NUMBER: 406-01-7681
14a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Construction
14b. KIND OF BUSINESS OR INDUSTRY: Serstel Corp.

IF DEATH OCCURRED IN INSTITUTION, SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS.

15a. RESIDENCE—STATE: Indiana
15b. COUNTY: Lake
15c. CITY, TOWN OR LOCATION: Gary
15d. STREET AND NUMBER: 1108 Johnson St.
15e. IS RESIDENCE ON A FARM? YES ☐ NO ☒
15f. INSIDE CITY LIMITS (Specify YES OR NO): yes
15g. IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. YES ☐ NO ☒

PARENTS

16. FATHER—NAME: George W. Willett
17. MOTHER—MAIDEN NAME: Martha Gray

18a. INFORMANT—NAME: Mary Willett
18b. RELATIONSHIP: (Wife)
18c. MAILING ADDRESS (STREET OR R.F.D. NO.): 1108 Johnson St.
18d. CITY OR TOWN: Gary, Indiana
18e. STATE: 46407

DISPOSITION

19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify): Burial
19b. CEMETERY OR CREMATORY—FUNERAL HOME: Evergreen Cemetery
19c. LOCATION—CITY OR TOWN, STATE: Hobart, Indiana
20a. DATE (MONTH, DAY, YEAR): 6/25/82
20b. FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): Guy & Allen Funeral Directors 2959 W. 11th Ave. Gary,

CERTIFIER

To be Completed by CORONER Only

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) stated.

21a. Signature: [signature] M.D.
21b. DATE SIGNED (Mo., Day, Yr.): 7-1-82
21c. HOUR OF DEATH: AM
21d. PRONOUNCED DEAD (Mo., Day, Yr.): 6-20-82
21e. PRONOUNCED DEAD (Hour): 4:22 a.
21f. NAME AND ADDRESS OF CERTIFIER (Type or Print): ALBERT T. WILLARDO, M.D., 2293 NORTH MAIN ST., CROWN POINT, IN. 46307
22a. HEALTH OFFICER—SIGNATURE: E. N. Caldwell, M.D.
22b. DATE RECEIVED BY LOCAL HEALTH OFFICER: JUL 7 1982

CAUSE

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

23. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) AND (c).)

PART I
(a) Laceration of left lung,liver, mesentery omentum — Interval between onset and death: Undetermi
DUE TO, OR AS A CONSEQUENCE OF
(b) and abdominal aorta
DUE TO OR AS A CONSEQUENCE OF
(c) Due to gunshot wound

PART II
OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)

24. AUTOPSY (Specify Yes or No): Yes

25a. ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify): Homicide
25b. DATE OF INJURY (Mo., Day, Yr.):
25c. HOUR OF INJURY: M
25d. DESCRIBE HOW INJURY OCCURRED: Gunshot
25e. INJURY AT WORK (Specify Yes or No): No
25f. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify):
25g. LOCATION—STREET OR R.F.D. NO., CITY OR TOWN, STATE: 1101 Grant St., Gary, IN.

FILED
DEC 4 2002
PETER BENJAMIN
LAKE COUNTY AUDITOR

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9.00 LP

Cash

SBH-06-004 REV. 10/77 State Form 10110

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