



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Local No. 919-08

State No. ....

1. Decedent's Legal Name (First, Middle, Last) JAMES B. WILLIAMSON SR.
1a. Maiden Last Name (if Female)
2. Sex M
3. Time Of Death 11:00A
4. Date Of Death (Month/Day/Year) MARCH 13, 2008

5. Social Security Number 304-32-9081
6a. Age Yrs 74
6b. Under 1 Year
6c. Under 1 Month
6d. Under 1 Day
6e. Under 1 Hour
7. Date Of Birth (Month/Day/Year) September 18, 1933
8. Birthplace (City And State Or Foreign Country) HAMMOND, INDIANA

9. Ever In U.S. Armed Forces?
10. If Death Occurred In A Hospital:
10a. If Death Occurred Somewhere Other Than A Hospital:

11. Facility Name (if Not Institution, Give Street And Number) COMMUNITY HOSPITAL

12. City Or Town, State, And Zip Code MUNSTER, INDIANA 46321
13. County Of Death LAKE
14. Marital Status At Time Of Death

15. Surviving Spouse's Name JOSEPHINE WILLIAMSON
15a. (If Wife) Give Maiden Last Name IVKO
16. Decedent's Usual Occupation SUPERVISOR
17. Kind Of Business/Industry LAKELAND STEEL COMPANY

18. Residence - State INDIANA
18a. County LAKE
18b. City Or Town MUNSTER
18d. Apt. No. NA
18e. Zip Code 46321
18f. Inside City Limits? Yes

19. Decedent's Education High school graduate or GED completed
20. Decedent Of Hispanic Origin No, not Spanish/Hispanic/Latino
21. Decedent's Race White

22. Father's Name (First, Middle, Last) OMER WILLIAMSON
23. Mother's Name (First, Middle, Last) FRANCES WILLIAMSON
23a. Mother's Maiden Last Name REEL

24. Informant's Name JOSEPHINE J. WILLIAMSON
24a. Relationship To Decedent WIFE
24b. Mailing Address (Street And Number, City, State, Zip Code) 242 BRIAR LANE MUNSTER, IN 46321

25a. Method Of Disposition: Burial
25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) CHAPEL LAWN MEMORIAL GARDENS
25c. Location - City, Town, And State SCHERERVILLE, INDIANA

26. Was Coroner Contacted? No
27. Name And Complete Address Of Funeral Facility CHAPEL LAWN FUNERAL HOME 8178 S. CLINE AVE. SCHERERVILLE, INDIANA 46375

27b. Signature Of Indiana Funeral Service Licensee: David A. Garboos
27c. License Number FD20500011

28. Part I. Enter The Chain Of Events - Diseases, Injuries, Or Complications - That Directly Caused The Death.
A. Acute Liver Failure
B. Coagulopathy
C. Antiphospholipid Syndrome
D. Pneumonia

29. Was An Autopsy Performed? No
30. Were Autopsy Findings Available To Complete The Cause Of Death? No

31. Did Tobacco Use Contribute To Death? No
32. If Female:
33. Manner Of Death: Natural

34. Date Of Injury (Month/Day/Year)
35. Time Of Injury
36. Place Of Injury (E.G., Decedent's Home, Construction Site, Restaurant, Wooded Area)
37. Injury At Work? No

38. Location Of Injury - State
38a. City Or Town
38b. Street & Number
38c. Apt. No.
38d. Zip Code

39. Describe How Injury Occurred
40. If Transportation Injury, Specify
41. Signature, Of Person Certifying Cause Of Death: P. Keshvani

42. Certifier (Check Only One) Certifying Physician
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: P. KESHVANI, 8731 INDIANAPOLIS BLVD. HIGHLAND, IN. 46352

44. License Number 01042431
45. Date Certified 3/17/08
46. Additional Funeral Service Provider:
47. \*Akas:

48. Signature of Local Health Officer: Susan W. Butcher, D.O.
49. For Registrar Only - Date Filed (Month/Day/Year): March 17, 2008

State Form 10110 (R7/9-07) ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pursue its statutory responsibility. Disclosure is voluntary and there will be no penalty for refusal. THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-3-7-1-10

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Vertical stamp: 2009 DEC -9 AM 10:13 RECORDED BY MICHAEL A. BROWN

