

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

Below leg. State Seal
INDIANA COUNTY RECORD
2010 JAN 11 PM 2:00

2010 001592

EMBALMER'S NAME Ede Warner LICENSE No. CAPL 4260
 FUNERAL DIRECTOR'S SIGNATURE Ede Warner FUNERAL DIRECTOR'S LICENSE No. 1984 FUNERAL HOME No. 248

5-0-75-1086
Local No. 75-0000

INDIANA STATE BOARD OF HEALTH
CORONER'S CERTIFICATE OF DEATH

PERMANENT INK
SEE HANDBOOK FOR
INSTRUCTIONS

DECEASED—NAME Maizie Wilkins SEX Female DATE OF DEATH (MONTH, DAY, YEAR) October 28, 1975
 RACE White AGE—LAST BIRTHDAY (YEARS, MONTHS, DAYS) 50 HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) Methodist Hospital
 CITY, TOWN, OR LOCATION OF DEATH Maize INSIDE CITY LIMITS (SPECIFY YES OR NO) Yes MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Married SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) Acie Wilkins
 4 Maize 5 50 6 4/17/25 7 Maize

DECEASED 7b Gary STATE OF BIRTH (IF NOT IN U.S.A., GIVE COUNTRY) Alabama CITIZEN OF WHAT COUNTRY U.S.A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Married SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) Acie Wilkins
 SOCIAL SECURITY NUMBER 8 Alabama MOST OF WORKING LIFE, EVEN IF RETIRED (SPECIFY YES OR NO) Yes KIND OF BUSINESS OR INDUSTRY Acie Wilkins
 12 421-24-2138 13a U.S.A. 10 Married 11 Acie Wilkins

14a Indiana 14b Lake 14c Gary 14d Yes 14e Yes 14f Yes 14g Yes 14h Yes 14i Yes 14j Yes 14k Yes 14l Yes 14m Yes 14n Yes 14o Yes 14p Yes 14q Yes 14r Yes 14s Yes 14t Yes 14u Yes 14v Yes 14w Yes 14x Yes 14y Yes 14z Yes
 STREET AND NUMBER 5404 W. 7th Avenue CITY, TOWN OR LOCATION Lake INSIDE CITY LIMITS (SPECIFY YES OR NO) Yes RESIDENCE ON A FARM? NO
 141 5404 W. 7th Avenue 142 Lake 143 Lake 144 Yes 145 Yes 146 Yes 147 Yes 148 Yes 149 Yes 150 Yes 151 Yes 152 Yes 153 Yes 154 Yes 155 Yes 156 Yes 157 Yes 158 Yes 159 Yes 160 Yes

PARENTS 15. FATHER—NAME Homer Johnson MOTHER—MAIDEN NAME Mary Lee Birch
 16. Johnson 17a. Acie Wilkins 17b. Husband 17c. 5404 W. 7th Avenue Gary, Ind.
 18. DEATH WAS CAUSED BY (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))
 (a) IMMEDIATE CAUSE (b) RUPTURE OF THE CEREBRAL ANEURYSM (c) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT GIVEN IN PART I (A)

CAUSE 19. ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY) NATURAL DATE OF INJURY (MONTH, DAY, YEAR) 10-28-75 HOUR 4:44 A.M. LOCATION LAKE COUNTY
 20a. NATURAL 20b. LAKE COUNTY 20c. LAKE COUNTY 20d. LAKE COUNTY 20e. LAKE COUNTY 20f. LAKE COUNTY 20g. LAKE COUNTY 20h. LAKE COUNTY 20i. LAKE COUNTY 20j. LAKE COUNTY 20k. LAKE COUNTY 20l. LAKE COUNTY 20m. LAKE COUNTY 20n. LAKE COUNTY 20o. LAKE COUNTY 20p. LAKE COUNTY 20q. LAKE COUNTY 20r. LAKE COUNTY 20s. LAKE COUNTY 20t. LAKE COUNTY 20u. LAKE COUNTY 20v. LAKE COUNTY 20w. LAKE COUNTY 20x. LAKE COUNTY 20y. LAKE COUNTY 20z. LAKE COUNTY

CORONER'S CERTIFICATION 21. DEATH OCCURRED (HOUR) 4:44 A.M. (MONTH) 10 (DAY) 28 (YEAR) 75 SIGNATURE William H. Moty, M.D. DATE SIGNED 10-28-75
 21a. 4:44 A.M. 21b. 10 21c. 28 21d. 75 21e. William H. Moty, M.D. 21f. 10-28-75

CERTIFIER 22. WILLIAM H. MOTY, M.D. SIGNATURE William H. Moty, M.D. DEGREE OR TITLE CCRONER
 22a. WILLIAM H. MOTY, M.D. 22b. William H. Moty, M.D. 22c. CCRONER

BURIAL 23. 2293 NORTH MAIN STREET CROWN POINT INDIANA 46307
 23a. 2293 NORTH MAIN STREET 23b. CROWN POINT 23c. INDIANA 23d. 46307

24. NOV 1, 1975 25. Smith Biwell & Warner F.D. 295 Wash St. Gary, Ind. 46407
 24a. NOV 1, 1975 24b. Smith Biwell & Warner F.D. 295 Wash St. Gary, Ind. 46407 24c. NOV 30 1975 24d. R.S.



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CA