# H. William Wacker

Occupant Name: H. William Wacker

Location: **Section M, Lot 5**

Date of Birth: 12/18/1886

Date of Death: 2/17/1951

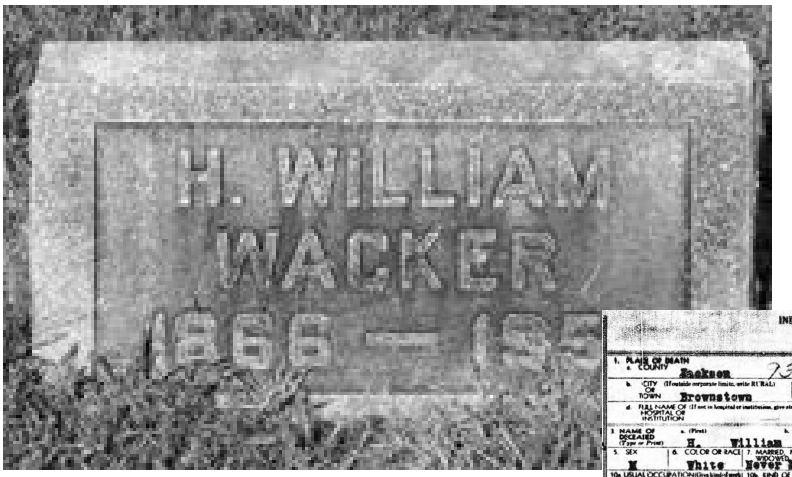
Date of Burial: 2/20/1951

Veteran: No

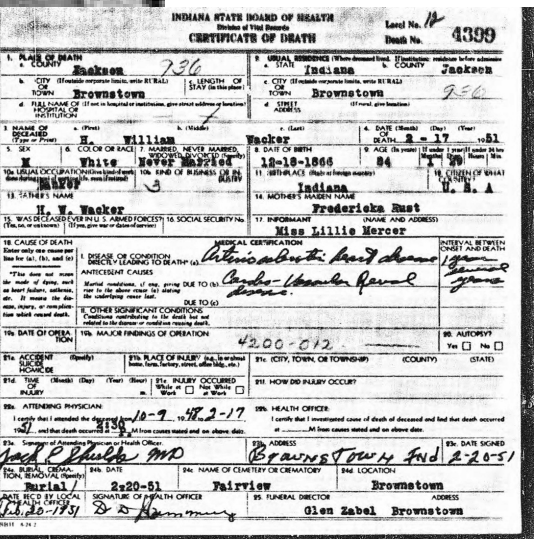
Lot Owner: H. W. Wacker, Sr.

Multiple Occupants: No

Comment:




Funeral services for H. William Wacker, 84, of Brownstown, Jackson county auditor for eight years and cashier of First National Bank of Brownstown for approximately 40 years, were conducted this afternoon from the residence, with the Rev. George Clayman in charge. Burial was in Fairview Cemetery, Brownstown. Mr. Wacker died Saturday afternoon at the home in which he resided with a niece, Miss Lillie Mercer, in Brownstown.



INDIANA STATE BOARD OF HEALTH
Division of Vital Records
CERTIFICATE OF DEATH

Local No. 12
Death No. 4399

1. PLACE OF DEATH a. COUNTY Jackson 936
b. CITY OR TOWN Brownstown
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION
2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Indiana b. COUNTY Jackson
c. CITY OR TOWN Brownstown 936
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) H. b. (Middle) William c. (Last) Wacker
4. DATE OF DEATH (Month) (Day) (Year) 2 - 17 1951
5. SEX M
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married
8. DATE OF BIRTH 12-18-1866
9. AGE (In years) 84
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Banker
10b. KIND OF BUSINESS OR INDUSTRY 3
11. BIRTHPLACE (State or foreign country) Indiana
12. CITIZEN OF WHAT COUNTRY U. S. A.
13. FATHER'S NAME H. W. Wacker
14. MOTHER'S MAIDEN NAME Fredericka Rust
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT (NAME AND ADDRESS) Miss Lillie Mercer

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Arteriosclerotic heart disease
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cardio-Vascular Renal disease.
DUE TO (c)
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.
INTERVAL BETWEEN ONSET AND DEATH 1 year 1 year 1 year

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 4200-012
20. AUTOPSY? Yes ☐ No ☐
21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED While at Work ☐ Not While at Work ☐
21f. HOW DID INJURY OCCUR?
22a. ATTENDING PHYSICIAN: I certify that I attended the deceased since 10-9 1948 to 2-17 1951 and that death occurred at 2:30 M from causes stated and on above date.
22b. HEALTH OFFICER: I certify that I investigated cause of death of deceased and find that death occurred at ..... M from causes stated and on above date.
23a. Signature of Attending Physician or Health Officer: Jack R. Shields MD
23b. ADDRESS Brownstown Ind
23c. DATE SIGNED 2-20-51
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 2-20-51
24c. NAME OF CEMETERY OR CREMATORY Fairview
24d. LOCATION Brownstown
25a. DATE REC'D BY LOCAL HEALTH OFFICER Feb. 20-1951
25b. SIGNATURE OF HEALTH OFFICER D. D. Hammery
25c. FUNERAL DIRECTOR Glen Zabel
25d. ADDRESS Brownstown

SBH 4-24-2