

58578

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

Local No. 183-70

INDIANA STATE BOARD OF HEALTH  
DIVISION OF VITAL RECORDS  
MEDICAL CERTIFICATE OF DEATH

RR#3 Box 4169  
Cedar Lake, Ind  
46303

State No. 151

PERMANENT INK  
SEE HANDBOOK FOR  
INSTRUCTIONS

1. DECEASED—NAME FIRST MIDDLE LAST Herry Walkowiak sr M		SEX M		DATE OF DEATH (MONTH, DAY, YEAR) 4-6-70	
2. RACE—WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY) White		3. AGE—LAST BIRTHDAY (YEARS) MOS. DAYS 53		4. DATE OF BIRTH (MONTH, DAY, YEAR) 11-3-16	
5. CITY, TOWN, OR LOCATION OF DEATH Lake		6. INSIDE CITY LIMITS (SPECIFY YES OR NO) yes		7. HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) Our Lady of Mercy	
8. STATE OF BIRTH (IF NOT IN U.S.A.) Ill		9. CITIZEN OF WHAT COUNTRY U.S.A.		10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Married	
11. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) Theresa Kemick		12. SOCIAL SECURITY NUMBER 326 09-5898		13. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) Sander - helper	
14. KIND OF BUSINESS OR INDUSTRY Paper and Tape		15. RESIDENCE—STATE Ind		16. CITY, TOWN, OR LOCATION Cedar Lake	
17. INSIDE CITY LIMITS (SPECIFY YES OR NO) yes		18. TOWNSHIP Naxxara		19. IS RESIDENCE ON A FARM? NO	
20. FATHER—NAME FIRST MIDDLE LAST Felix - Walkowiak		21. MOTHER—MAIDEN NAME FIRST MIDDLE LAST Mary - Stokowski		22. INFORMANT—NAME Theresa Walkowiak	
23. RELATIONSHIP Wife		24. MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) RR3 Box 416A Cedar Lake Ind 46303		25. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))	
26. IMMEDIATE CAUSE (a) Ascending flaccid paralysis to CS 13 days		27. DUE TO, OR AS A CONSEQUENCE OF (b) virus infection		28. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 13 days	
29. CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (A) STARTING THE UNDER- LING CAUSE LAST		30. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE		31. AUTOPSY (YES OR NO) yes	
32. IF YES WERE FINDINGS CON- sidered in determining CAUSE OF DEATH		33. DEATH OCCURRED (HOUR) 12:15 P.M.		34. THE DECEDENT WAS PRONOUNCED DEAD (MONTH, DAY, YEAR) 4 6 70	
35. DATE SIGNED 4-6-70		36. CERTIFIER—NAME (TYPE OR PRINT) Donald C. Miller MD		37. SIGNATURE Donald C. Miller MD	
38. MAILING ADDRESS—CERTIFIER RR2 Box 337		39. STREET OR R.F.D. NO. Cedar Lake		40. CITY OR TOWN Ind	
41. STATE Ind		42. ZIP 46303		43. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	
44. CEMETERY, CREMATORY, FUNERAL HOME Chapel Lawn		45. LOCATION Schuerville Ind		46. FUNERAL HOME NUMBER 82	
47. DATE (MONTH, DAY, YEAR) 4-9-70		48. FUNERAL HOME—NAME AND ADDRESS Ellis Brady RR3 Box 451 Cedar Lake Ind		49. CITY OR TOWN, STATE, ZIP 46303	
50. FUNERAL DIRECTOR—SIGNATURE M.L. Brady		51. HEALTH OFFICER—SIGNATURE A.F. Gresham		52. DATE RECEIVED BY LOCAL HEALTH OFFICER APRIL 8, 1970	

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RECORDED  
APR 8 1970  
MAY 15 1970

RECORDER'S OFFICE  
SEAL  
INDIANA

FUNERAL DIRECTOR'S OFFICE  
SEAL  
INDIANA

Disposition Permit Issued / /  
Provisional Certificate  
 Yes  No

Below for State Office Use  
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J. Brady

APR 8 1970

MAY 15 1970

FUNERAL DIRECTOR'S OFFICE