657020

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

Local No. 6-82

INDIANA STATE BOARD OF HEALTH
CORONER'S CERTIFICATE OF DEATH

State No. 645

Field	Entry
1. Deceased—Name (First, Middle, Last)	Harold S. Walker
2. Sex	Male
3. Date of Death	January 3, 1982
4. Race	White
5a. Age—Last Birthday (Yrs)	54
6. Date of Birth	Oct. 19, 1927
7a. County of Death	Lake
7b. City, Town or Location of Death	Lowell
7c. Hospital or Other Institution	16208 Wicker
7d. If Hosp. or Inst.	Home
8. State of Birth	Indiana
9. Citizen of What Country	U.S.A.
10. Married, Never Married, Widowed, Divorced	Married
11. Surviving Spouse	Dorothy Mc Intosh
12. Was Decedent Ever in U.S. Armed Forces?	Yes
13. Social Security Number	703-07-5129
14a. Usual Occupation	Ironworker
14b. Kind of Business or Industry	Construction
15a. Residence—State	Indiana
15b. County	Lake
15c. City, Town or Location	Lowell
15d. Street and Number	16208 Wicker
15e. Is Residence on a Farm?	No XX
15f. Inside City Limits	Yes
15g. Is Deceased of Spanish Descent?	No ☒
16. Father—Name	Ivan Walker
17. Mother—Maiden Name	Leora Mc Connall
18a. Informant—Name	Dorothy Walker (Wife)
18b. Mailing Address	16208 Wicker Lowell, Indiana 46356
19a. Burial, Cremation, Removal, Other	Burial
19b. Cemetery or Crematory	Chapel Lawn
19c. Location	Schererville, Indiana 46303
20a. Date	January 6, 1982
20b. Funeral Home—Name and Address	Eller Brady 8510 Lakeshore Dr., Cedar Lake, Ind/
21a. Signature	A Willardo, M.D.
21b. Date Signed	1-5-82
21c. Hour of Death	
21d. Pronounced Dead On	1-3-82
21e. Pronounced Dead At	6:50 p.m. cst
21f. Name and Address of Certifier	ALBERT T. WILLARDO, M.D., 2293 NORTH MAIN ST., CROWN POINT, IN. 46307
22a. Health Officer—Signature	Peter Jeczy M.D.
22b. Date Received by Local Health Officer	1-5-82
23. Part I (a) Immediate Cause	Laceration of brain stem
Interval between onset and death	Undetermined
(b) Due to, or as a consequence of	Due to shotgun wound
(c) Due to, or as a consequence of	
Part II Other Significant Conditions	
24. Autopsy	Yes
25a. Acc., Suicide, Hom., Undet., or Pending Invest.	Suicide
25b. Date of Injury	
25c. Hour of Injury	
25d. Describe How Injury Occurred	Gunshot wound
25e. Injury at Work	No
25f. Place of Injury	Home
25g. Location	16208 Wicker, Lowell, IN.

LAKE COUNTY HEALTH COMMISSIONER

FILED JAN 21 1982 — AUDITOR LAKE COUNTY

STATE OF INDIANA, LAKE COUNTY, FILED FOR RECORD JAN 21 1 24 PM '82 WILLIAM BIELSKI JR. RECORDER

Funeral Home No. 1607
Funeral Director's License No. 1607
Embalmer's License No. 6662

Embalmer's Name: Fred Opanga
Funeral Director's Signature: Fred Opanga

Below for State Office Use
A–J, 1–8
Key 1-56-34 / N. 1656 of S. 660 ft. / of NE. 5 1/4 of S. 27-33-9

Disposition Permit Issued / /
Provisional Certificate ☐ Yes ☐ No

450