094125

Shary Warner 9143 Indpls. Blvd. High. In 46322

INDIANA STATE BOARD OF HEALTH

CERTIFICATE OF DEATH

Local No. 1016-89 State No. ....

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

1 DECEASED—NAME FIRST MIDDLE LAST: Mary M. Nowak
2 SEX: F
3 DATE OF DEATH (Mo. Day Yr.): May 9, 1989
4 SOCIAL SECURITY NUMBER: 311-16-2431
5a AGE—Last Birthday (Years): 76
5b UNDER 1 YEAR Months Days
5c UNDER 1 DAY Hours Minutes
6 DATE OF BIRTH (Month Day, Year): Mar. 3, 1913
7 BIRTHPLACE (City and State or Foreign Country): Sumerset, Kentucky
8 YEAR LAST SERVED IN US ARMED FORCES?: N/A
9a PLACE OF DEATH (Check only one. See instructions): HOSPITAL ☒ Inpatient ☐ ER/Outpatient ☐ DOA; OTHER ☐ Nursing Home ☐ Residence ☐ Other (Specify)
9b FACILITY NAME (If not institution give street and number): Our Lady of Mercy Hospital
9c CITY, TOWN, OR LOCATION OF DEATH: Dyer
9d COUNTY OF DEATH: Lake
10 MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify): Widowed
11 SURVIVING SPOUSE (If wife, give maiden name): N/A
12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Home maker
12b KIND OF BUSINESS/INDUSTRY: Own Home
13a RESIDENCE—STATE: Indiana
13b COUNTY: Lake
13c CITY, TOWN OR LOCATION: Highland
13d STREET AND NUMBER: 9237 Kennedy Ave.
13e INSIDE CITY LIMITS? (Yes or no): Yes
13f FARM: No
13g ZIP CODE: 46322
14 WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.): ☒ No ☐ Yes Specify
15 RACE—American Indian, Black, White, etc (Specify): White
16 DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 8; College (1-4 or 5+)

PARENTS

17 FATHER'S NAME (First, Middle, Last): Luther D. Shadoan
18 MOTHER'S NAME (First, Middle, Maiden Surname): Clarine Hayes

INFORMANT

19a INFORMANT'S NAME (Type/Print): Carol Kupchik
19b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 9237 Kennedy Ave. Highland, Indiana
19c Relationship: Daughter

DISPOSITION

20a METHOD OF DISPOSITION: ☒ Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)
20b DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): May 12, 1989 Ridgelawn Cemetery
20c LOCATION—City or Town, State: Gary, Indiana
21a SIGNATURE OF FUNERAL DIRECTOR: A Kuiper
21b LICENSE NUMBER (of Licensee): FDO 1014511
22 NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME: Kuiper Funeral Home 9039 Kleinman Rd. Highland, Indiana FDH 300-7500

PRONOUNCING PHYSICIAN ONLY

Complete items 23a-c only when certifying physician is not available at time of death to certify cause of death

23a To the best of my knowledge, death occurred at the time, date, and place stated. Signature and Title: Bennett J. Kramer MD
23b LICENSE NUMBER: 01021024
23c DATE SIGNED (Month, Day, Year): 5-9-89

ITEMS 24-26 MUST BE COMPLETED BY PERSON WHO PRONOUNCES DEATH

24 TIME OF DEATH: 10:30 a.m.
25 DATE PRONOUNCED DEAD (Month, Day, Year): 5-9-89
26 WAS CASE REFERRED TO MEDICAL EXAMINER/CORONER? (Yes or no): No

CAUSE OF DEATH

27. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death

IMMEDIATE CAUSE (Final disease or condition resulting in death)
a. SEVERE CHRONIC OBSTRUCTIVE LUNG DISEASE
DUE TO (OR AS A CONSEQUENCE OF):
b. BRONCHIAL ASTHMA
DUE TO (OR AS A CONSEQUENCE OF):
c.
DUE TO (OR AS A CONSEQUENCE OF):
d.

Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST

PART II Other significant conditions contributing to death but not resulting in the underlying cause given in Part I

28a WAS AN AUTOPSY PERFORMED? (Yes or no): NO
28b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no)

CERTIFIER

29a CERTIFIER (Check only one)
☒ CERTIFYING PHYSICIAN (Physician certifying cause of death when another physician has pronounced death and completed item 23) To the best of my knowledge, death occurred due to the cause(s) and manner as stated
☐ PRONOUNCING AND CERTIFYING PHYSICIAN (Physician both pronouncing death and certifying cause of death) To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated
☐ MEDICAL EXAMINER ☐ CORONER ☐ HEALTH OFFICER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner as stated

29b SIGNATURE AND TITLE OF CERTIFIER: [signature]
29c LICENSE NUMBER: 30852
29d DATE SIGNED (Month, Day, Year): 5/12/89

30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type/Print): 9158 COLUMBIA AVE MUNSTER, IN 46321

HEALTH OFFICER

31 HEALTH OFFICER'S SIGNATURE: Rella Johnson
32 DATE FILED (Month, Day, Year): May 11, 1989

CORONER OR MEDICAL EXAMINER USE ONLY

33 MANNER OF DEATH: ☐ Natural ☐ Pending Investigation ☐ Accident ☐ Suicide ☐ Could not be Determined ☐ Homicide
34a DATE OF INJURY (Month, Day, Year)
34b TIME OF INJURY
34c INJURY AT WORK? (Yes or no)
34d DESCRIBE HOW INJURY OCCURRED
34e PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)
34f LOCATION (Street and Number or Rural Route Number, City or Town, State)

Key # 27-144-41 - Wicker Blvd. Add. L 42-B 4

I CERTIFY THIS IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE ON FILE WITH THE LAKE COUNTY HEALTH DEPT.

FILED MAY 11 1989

APR 06 1990

Anna N. Anton AUDITOR LAKE COUNTY

LAKE COUNTY HEALTH COMM. INER

ROBERT ... RECORDER ... APR 6 4 07 PM '90 ... LAKE COUNTY ... STATE OF INDIANA/S.S. NO.

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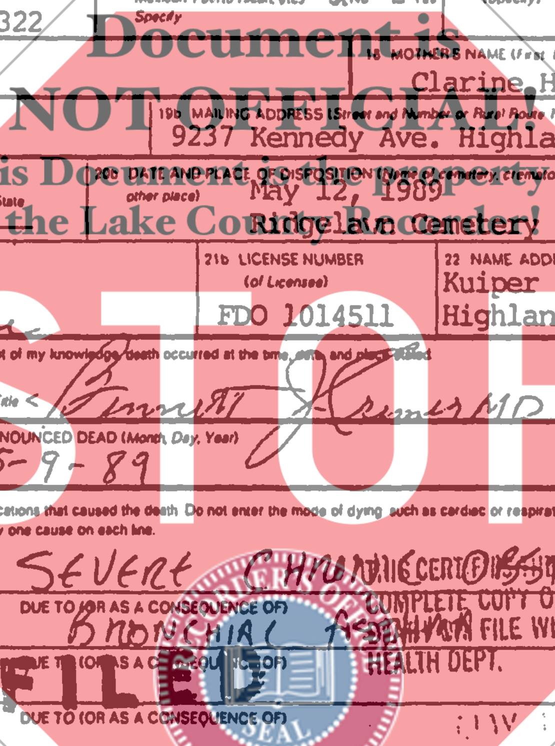

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