

141290

INDIANA STATE BOARD OF HEALTH  
MEDICAL CERTIFICATE OF DEATH

Gloria Carney 428-72  
2432 Shekman St.  
Gary State 46406  
No.

Local No. 428-72

PERMANENT INK  
SEE HANDBOOK FOR  
INSTRUCTIONS

DECEASED—NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH, DAY, YEAR)		
1. <b>WALTER</b>				<b>STEC</b>	2. Male	3. August 20, 1972		
RACE	AGE—LAST BIRTHDAY (YEARS)	UNDER 1 YEAR MOS. DAYS	UNDER 1 DAY HOURS MIN.	DATE OF BIRTH (MONTH, DAY, YEAR)	COUNTY OF DEATH			
4. White	5a. 59	5b.	5c.	6. 6-16-1913	7a. Lake County			
CITY, TOWN, OR LOCATION OF DEATH		INSIDE CITY LIMITS (SPECIFY YES OR NO)	HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)					
7b. Gary, Indiana		7c. NO	7d. 2640 W. Oakwood Drive, Gary, Indiana					
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)		CITIZEN OF WHAT COUNTRY		MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>		SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)		
8. Illinois		9. U. S. A.		WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		11. Fronia Turnham		
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE)		KIND OF BUSINESS OR INDUSTRY				
12. 343-07-2708		13a. Refinery		13b. Standard Oil Company				
RESIDENCE—STATE		COUNTY	CITY, TOWN, OR LOCATION	INSIDE CITY LIMITS (SPECIFY YES OR NO)	TOWNSHIP			
14a. Indiana		14b. Lake	14c. Gary, Indiana	14d. NO	14e. Calumet			
STREET AND NUMBER		DECEASED EVER IN U.S. ARMED FORCES? (If yes, give year or date of service)		15 RESIDENCE ON A FARM?				
14f. 2640 West Oakwood Drive		14g. YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		14h. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				
FATHER—NAME		FIRST	MIDDLE	LAST	MOTHER—MAIDEN NAME			
15. John					16. Unknown			
INFORMANT—NAME		RELATIONSHIP		MAILING ADDRESS (GIVE STREET OR TRUE AND COMPLETE ADDRESS OF DECEASED)				
17a. Mrs. Fronia Stec		17b. Wife		17c. 2640 W. Oakwood Drive, Gary, IN				
PART I. DEATH WAS CAUSED BY:		(ENTER ONLY ONE CAUSE PER DEATH)				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
18. IMMEDIATE CAUSE		HEALTH DEPT.						
(a) Uremia						few months		
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (A), STATING THE UNDERLYING CAUSE LAST		DUE TO, OR AS A CONSEQUENCE OF:				Years		
		(b) Chronic Renal Disease						
		DUE TO, OR AS A CONSEQUENCE OF:						
		(c)						
PART II. OTHER SIGNIFICANT CONDITIONS GIVEN IN PART I (A)		CONDITIONS CONTRIBUTING TO DEATH BUT NOT IMMEDIATE CAUSE				IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH		
Infected wound, left leg		LAKESIDE HOSPITAL				19b. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
DATE & TIME OF DEATH		MONTH	DAY	YEAR	DATE SIGNED	MONTH	DAY	YEAR
20. 8-20-1972 2:30 a.m.					21a. Charles E. Helms	8-	2-	72
PHYSICIAN'S NAME (TYPE OR PRINT)		SIGNATURE OF PHYSICIAN		PHY. CODE NO.				
22a. Charles E. Helms, M.D.		22b. Charles E. Helms, M.D.						
MAILING ADDRESS—PHYSICIAN		STREET OR R.F.D. NO.		CITY OR TOWN		STATE	ZIP	
23. 110 Ridge Road		23a. Munster		23b. Indiana		46321		
BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY, CREMATORY, FUNERAL HOME		LOCATION				
24a. Burial		24b. Chapel Lawn Memorial		24c. Schererville, Indiana				
DISPOSITION		DATE (MONTH, DAY, YEAR)		FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)				
24d. 8-22-72		24e. Kuiper Funeral Home, INC.,		9039 Kleinman Road, Highland, IN				
HEALTH OFFICER—SIGNATURE		DATE RECEIVED BY LOCAL HEALTH OFFICER						
25b. PETER STECY, M.D.		26a. August 22, 1972						

CORNELIUS A. KUIPER LICENSE No. 1451

CORNELIUS A. KUIPER LICENSE No. 94

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