Return To: Henry S. Kowalczyk, 5246 Hohman Avenue, Hammond, IN 46320

INDIANA STATE BOARD OF HEALTH

Key No. 37-166-13

Local No. 287

CERTIFICATE OF DEATH

State No.

91024739

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

1 DECEASED—NAME: FIRST Laura MIDDLE I. LAST Goodpaster
2 SEX: Female
3 DATE OF DEATH (Mo. Day Yr): September 20, 198
4 SOCIAL SECURITY NUMBER: 304-14-6474
5a AGE—Last Birthday (Years): 74
5b UNDER 1 YEAR: Months / Days
5c UNDER 1 DAY: Hours / Minutes
6 DATE OF BIRTH (Month Day, Year): Oct 27, 1913
7 BIRTHPLACE (City and State or Foreign Country): Hammond, Indiana
8 YEAR LAST SERVED IN US ARMED FORCES?: No
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): St. Catherine Hospital
9c CITY, TOWN, OR LOCATION OF DEATH: East Chicago
9d COUNTY OF DEATH: Lake
10 MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify): Married
11 SURVIVING SPOUSE (If wife, give maiden name): Robert Goodpaster
12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Homemaker
12b KIND OF BUSINESS/INDUSTRY: Own Home
13a RESIDENCE—STATE: Indiana
13b COUNTY: Lake
13c CITY, TOWN, OR LOCATION: Hammond
13d STREET AND NUMBER: 7046 Alabama Avenue
13e INSIDE CITY LIMITS? (Yes or no): Yes
13f FARM: No
13g ZIP CODE: 46323
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): 12; College (1-4 or 5+):

PARENTS

17 FATHER'S NAME (First, Middle, Last): Elmer Scofield
18 MOTHER'S NAME (First, Middle, Maiden Surname): Nettie Zoll

INFORMANT

19a INFORMANT'S NAME (Type/Print): Robert Goodpaster
19b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 7046 Alabama Ave, Hammond, IN 46323
19c Relationship: Husband

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): September 23, 1988 Elmwood Cemetery
20c LOCATION—City or Town, State: Hammond, Indiana
21a SIGNATURE OF FUNERAL DIRECTOR: Larry D. Anthony
21b LICENSE NUMBER (Of Licensee): 1001447
22 NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME: Anthony & Dziadowicz F.H. 3002916, 9445 Calumet Ave, Munster, IN 46321

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
23b LICENSE NUMBER
23c DATE SIGNED (Month, Day, Year)

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

24 TIME OF DEATH: 10:00 PM
25 DATE PRONOUNCED DEAD (Month, Day, Year): September 20, 1988
26 WAS CASE REFERRED TO MEDICAL EXAMINER/CORONER? (Yes or no): No

CAUSE OF DEATH (SEE INSTRUCTIONS)

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.
IMMEDIATE CAUSE (Final disease or condition resulting in death)
a. Cardiopulmonary arrest
DUE TO (OR AS A CONSEQUENCE OF):
b. Arteriosclerotic heart disease
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
Approximate Interval Between Onset and Death

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.: hypertension
28a WAS AN AUTOPSY PERFORMED? (Yes or no): No
28b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no)

FILED
MAY 21 1991

RECORDER LAKE COUNTY
MAY 23 9 01 AM '91

CERTIFIER (SEE INSTRUCTIONS)

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). 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.

Anna N. Anton
AUDITOR LAKE COUNTY

29b SIGNATURE AND TITLE OF CERTIFIER: C.J. Maestro MD
29c LICENSE NUMBER: 31706
29d DATE SIGNED (Month, Day, Year): 9/21/88
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type/Print): C.J. Maestro, Jr. M.D. 110 Ridge Road, Munster, IN 46321

00963

HEALTH OFFICER

31 HEALTH OFFICER'S SIGNATURE: E.A. Campagna MD
32 DATE FILED (Month, Day, Year): 9-21-88

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)

600

Griffith # 21663 # 36192221

SBH06-004 State Form 10110 Rev. 10/87 DEATH/PD 1