* **ATTENTION ESTATE:** The Social Security # is being requested by this state agency in order to pursue its statutory responsibility. Disclosure is voluntary and there will be no penalty for refusal.

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

Local No. 1-011-96 State No. .....

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-19-3

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

1 DECEASED—NAME (First Middle Last): Ralph M. Nordyke Sr.
2 SEX: Male
3a TIME OF DEATH: 12:18P M
3b DATE OF DEATH (Month Day Yr): January 15, 1996
4 *SOCIAL SECURITY NUMBER: 313-30-6040
5a AGE—Last Birthday (Years): 62
5b UNDER 1 YEAR Months Days:
5c UNDER 1 DAY Hours Minutes:
6 DATE OF BIRTH (Mo. Day. Yr): Feb. 19, 1933
7 BIRTHPLACE (City and State or Foreign Country): White County, Indiana
8a WAS DECEDENT A U.S. VETERAN? Yes
8b YEAR LAST SERVED IN U.S. ARMED FORCES? 1989
9a PLACE OF DEATH (Check only one. See instructions): HOSPITAL ☐ Inpatient ☐ ER/Outpatient ☐ DOA; OTHER ☐ Nursing Home ☐ Other (Specify) ☒ Residence
9b FACILITY NAME (If not institution, give street and number): 8298 Columbia Ave
9c CITY, TOWN OR LOCATION OF DEATH: Dyer
9d COUNTY OF DEATH: Lake
10 MARITAL STATUS (Specify): Married
11 SURVIVING SPOUSE (If wife, give maiden name): Henrietta F. Carnowski
12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Pipefitter
12b KIND OF BUSINESS/INDUSTRY: Local Union
13a RESIDENCE—STATE: Indiana
13b COUNTY: Lake
13c CITY TOWN OR LOCATION: Dyer
13d STREET AND NUMBER: 8298 Columbia Ave
13e ZIP CODE: 46311
13f INSIDE CITY LIMITS ☒ No ☐ Yes
13g ON A FARM? ☒ No ☐ Yes
14 CITIZEN OF WHAT COUNTRY? USA
15 WAS DECEDENT OF HISPANIC ORIGIN? ☒ No ☐ Yes (If yes specify Cuban, Mexican, Puerto Rican, etc.)
16 RACE—American Indian, Black, White, etc. (Specify): White
17 DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): ; College (1-4 or 5 +): 2

PARENTS

18 FATHER'S NAME (First, Middle, Last): David William Nordyke
19 MOTHER'S NAME (First, Middle, Maiden Surname): Marie Imler

INFORMANT

20a INFORMANT'S NAME (Type/Print): Henrietta F. Nordyke
20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 8298 Columbia Ave. Dyer, Indiana 46311
20c Relationship: Wife

DISPOSITION

21a METHOD OF DISPOSITION: ☐ Entombment ☒ Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify) _____
21b DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): January 19, 1996 Memory Lane Memorial Park
21c LOCATION—City or Town, State: Schererville, Indiana
22a EMBALMER'S NAME: Marc J. Mosqueda
22b EMBALMER'S LICENSE NO: DO 8800240
23 WAS DEATH REPORTED TO CORONER? ☐ No ☒ Yes
24a SIGNATURE OF FUNERAL DIRECTOR: I CERTIFY THAT THE ABOVE IS A TRUE AND CORRECT COPY OF THE ORIGINAL DEATH RECORD. Edward L. Mullaney
24b LICENSE NUMBER (of Licensee): FDO 1007176
25 NAME, ADDRESS AND LICENSE NUMBER OF FUNERAL HOME: Fagen-Miller Funeral Homes Inc 1920 Hart St Dyer, Indiana 46311 FH83001504

CAUSE OF DEATH

26 PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter nonspecific terms 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	METASTATIC CARCINUMA OF STOMACH	6 MONTH
Conditions, if any, which gave rise to the immediate cause stating the underlying cause last b	DUE TO (OR AS A CONSEQUENCE OF)	
c	DUE TO (OR AS A CONSEQUENCE OF)	
d	DUE TO (OR AS A CONSEQUENCE OF)	

PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I: Scans

27 WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no): No
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 To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated.
☐ 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 stated.
☐ CORONER 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 stated.

29b SIGNATURE AND TITLE OF CERTIFIER: Charles D. Egnatz M.D.
29c MEDICAL LICENSE NO: 19054
29d DATE SIGNED (Month, Day, Year): January 16, 1996
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print): Charles D. Egnatz M. D. 1326 US Rte 30 Schererville, Indiana 46375

HEALTH OFFICER

31 HEALTH OFFICER'S SIGNATURE: [illegible]
32 DATE FILED (Month, Day, Year): January 16 1996

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):
34g DATE PRONOUNCED DEAD (Month, Day, Year):
34h MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.:

FILED
SAM ORLICH
AUDITOR LAKE COUNTY
STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
96 JAN 17 AM 11:58
RECORDER

000373

11-9-94

SDH06-004 State Form 10110 (R4/3-93) Deathcer/PD 1