30-C

Karen Inenan-Wilson
504 Broadway
Suite 1016
Gary, In
46404

INDIANA STATE BOARD OF HEALTH
CERTIFICATE OF DEATH

Local No. 90-0371 State No.

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

1. Decedent—Name (First, Middle, Last): Walter T. Patterson
2. Sex: Male
3. Time of Death: 7:50A
4. Date of Death: May 12, 1990
5. Social Security Number: 312-18-2009
6a. Age—Last Birthday (Years): 69
6b. Under 1 Year (Months / Days)
6c. Under 1 Day (Hours / Minutes)
7. Date of Birth: November 29, 1920
8. Birthplace: Corinth, Mississippi
9a. Was Decedent Ever in US Armed Forces?: N/A
9b. Year Last Served in US Armed Forces?: N/A
9c. Place of Death (Check only one): Hospital: ☐ Inpatient ☐ ER/Outpatient ☐ DOA; Other: ☐ Nursing Home ☐ Other (Specify) ☒ Residence
9d. Facility Name (If not institution, give street and number): 2420 Maryland Street
9e. City, Town or Location of Death: Gary
9f. County of Death: Lake
10. Marital Status: Married
11. Surviving Spouse (If wife, give maiden name): Arthurene Harriel
12a. Decedent's Usual Occupation (Give kind of work done during most of working life. Do not use retired): Craneman
12b. Kind of Business/Industry: USX
13a. Residence—State: Indiana
13b. County: Lake
13c. City, Town or Location: Gary
13d. Street and Number: 2420 Maryland Street
13e. Zip Code: 46407
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
16. Race—American Indian, Black, White, etc. (Specify): Black
17. Decedent's Education (Specify only highest grade completed): 5th

PARENTS

18. Father's Name (First, Middle, Last): Phillip Patterson
19. Mother's Name (First, Middle, Maiden Surname): Emmie Ross

INFORMANT

20a. Informant's Name (Type/Print): Arthurene Patterson
20b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code): 2420 Maryland Street, Gary, Indiana 46407
20c. Relationship: Wife

DISPOSITION

21a. Method of Disposition: ☒ Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)
21b. Date and Place of Disposition (Name of cemetery, crematory, or other place): May 17, 1990 Fern Oak Cemetery
21c. Location—City or Town, State: Griffith, Indiana
22a. Embalmer's Name: Patrician Owens
22b. Embalmer's License No.: #08700298
23. Was Death Reported to Coroner: ☐ No ☐ Yes
24a. Signature of Funeral Director
24b. License Number (of Licensee): #00700290
24c. Name, Address and License Number of Funeral Home: Guy & Allen Funeral Directors, Inc. 2959 W. 11th Avenue (#830077001)

CAUSE OF DEATH

25. 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): SEVERE CORONARY ATHEROSCLEROSIS WITH
Due to (or as a consequence of): ALMOST COMPLETE OCCLUSION, CARDIOMEGALY
Due to (or as a consequence of): WITH LEFT VENTRICULAR HYPERTROPHY
Due to (or as a consequence of):

Approximate Interval Between Onset and Death: UNKNOWN

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

Was female pregnant or 90 days postpartum: NO

Autopsy: NO

CERTIFIER

26. 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) as 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) as 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 as stated.

29a. Signature and Title of Certifier: Daniel D. Thomas, M.D.
29b. Medical License No.: 16120
29c. Date Signed (Month, Day, Year): MAY 16, 1990
30. Name and Address of Person Who Completed Cause of Death (Item 25): DANIEL D. THOMAS, M.D. CORONER, 2293 N. MAIN, CROWN POINT, IN. 4630

HEALTH OFFICER

31. Health Officer's Signature: Kelvin L. Foster MD MPH
32. Date Filed (Month, Day, Year): MAY 17, 1990

CORONER USE ONLY

33. Manner of Death: ☒ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Pending Investigation ☐ Could not be Determined
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): May 12, 1990
34h. Motor Vehicle Accident (Yes or no) — If yes, specify driver, passenger, pedestrian, etc.

FILED
SEP 9 1996

SAM ORLICH
AUDITOR LAKE COUNTY

SBH06-004 State Form 10110 (R2/3-89)

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CKH 1509

CERTIFIED BY

HEALTH COMMISSIONER
CITY OF GARY, IND.
DATE MAY 2 1 1980