INDIANA STATE BOARD OF HEALTH KEY 11-107-21

Local No. 2075-89 CERTIFICATE OF DEATH State No. ....

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

- 1 DECEASED—NAME (First, Middle, Last): Walter S. Twardy
- 2 SEX: Male
- 3 DATE OF DEATH (Mo. Day Yr.): June 1, 1989
- 4 SOCIAL SECURITY NUMBER: 710-10-6682
- 5a AGE—Last Birthday (Years): 67
- 5b UNDER 1 YEAR (Months, Days)
- 5c UNDER 1 DAY (Hours, Minutes)
- 6 DATE OF BIRTH (Month Day Year): Oct 23, 1921
- 7 BIRTHPLACE (City and State or Foreign Country): Chicago, Illinois
- 8 YEAR LAST SERVED IN US ARMED FORCES?: 1945
- 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): Married
- 11 SURVIVING SPOUSE (If wife, give maiden name): Irene Kubik
- 12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Carpenter
- 12b KIND OF BUSINESS/INDUSTRY: Inland Steel Co.
- 13a RESIDENCE—STATE: Indiana
- 13b COUNTY: Lake
- 13c CITY, TOWN, OR LOCATION: Dyer
- 13d STREET AND NUMBER: 8800 Henry
- 13e INSIDE CITY LIMITS? (Yes or no): Yes
- 13f FARM: No
- 13g ZIP CODE: 46311
- 14 WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) Specify: ☒ No ☐ Yes
- 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): Anthony Twardy
- 18 MOTHER'S NAME (First, Middle, Maiden Surname): Anna Barton

INFORMANT

- 19a INFORMANT'S NAME (Type/Print): Irene Twardy
- 19b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 8800 Henry, Dyer, Indiana 46311
- 19c Relationship: Wife

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): June 5, 1989 Holy Cross Cemetery
- 20c LOCATION—City or Town, State: Calumet City, Illinois
- 21a SIGNATURE OF FUNERAL DIRECTOR: Elden V. LaHayne
- 21b LICENSE NUMBER (of Licensee): FD01041928
- 22 NAME, ADDRESS AND LICENSE NUMBER OF FUNERAL HOME: LaHAYNE Funeral Home, Inc., FH83002885 5745 Hohman Ave., Hammond, Indiana 46320

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: 8:10 PM
- 25 DATE PRONOUNCED DEAD (Month, Day, Year): June 1, 1989
- 26 WAS CASE REFERRED TO MEDICAL EXAMINER/CORONER? (Yes or no): Yes

FILED
APR 23 1997

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. Acute myocardial infarction

DUE TO (OR AS A CONSEQUENCE OF):

b. Arteriosclerotic coronary artery disease with occlusion

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

SAM ORLICH
AUDITOR LAKE COUNTY

MORRIS W. CARTER
RECORDER

97 APR 23 AM 11:12

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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): YES
- 28b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no)

THIS CERTIFIES THE ABOVE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH LAKE COUNTY HEALTH DEPT.

[signature]
LAKE COUNTY HEALTH COMMISSIONER

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 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: William G. Cataldi DO
- 29c LICENSE NUMBER: 000476
- 29d DATE SIGNED (Month, Day, Year): 6-2-89
- 30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type/Print): William G. Cataldi, D.O., 231 Joliet Street, Dyer, IN 46311

HEALTH OFFICER

- 31 HEALTH OFFICER'S SIGNATURE: [signature]
- 32 DATE FILED (Month, Day, Year): JUN 5, 89

CORONER OR MEDICAL EXAMINER USE ONLY

- 33 MANNER OF DEATH: ☐ Natural ☐ Pending Investigation ☐ Accident ☐ Suicide ☐ Could not be Determined ☐ Homocide
- 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)

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SBH06-004 State Form 10110 (R/10-87) DEATH A/PD 1

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