

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

Local No. 41972

State No.

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

TYPE/PRINT IN PERMANENT BLACK INK

Form with fields for DECEASED-NAME (Walter Pysh), SEX (Male), TIME OF DEATH (12:05P), DATE OF DEATH (November 7, 1996), SOCIAL SECURITY NUMBER (314-03-0933), AGE (77), DATE OF BIRTH (April 20, 1919), BIRTHPLACE (Gary, Indiana), FACILITY NAME (St. Anthony Medical Center), CITY/TOWN (Crown Point), COUNTY (Lake), MARRITAL STATUS (Married), SURVIVING SPOUSE (Ethyl Hammond), OCCUPATION (Mechanic), BUSINESS (Automotive), RESIDENCE (Lake Station, 3025 Central Avenue), PARENTS (Samuel Pysh Sr., Victoria Pysh), INFORMANT (Ethyl Pysh), ADDRESS (3025 Central Ave, Lake Station, IN 46405), METHOD OF DISPOSITION (Burial), DATE AND PLACE OF DISPOSITION (November 11, 1996, Graceland Cemetery), EMBALMER (Christopher Podgorski), FUNERAL HOME (Christopher Funeral Home), CAUSE OF DEATH (Respiratory Failure, Chronic Obstructive Lung Disease), PART II (Multiple Cancers Colon and Rectum, Mass Brain, Valvular Heart Disease), CERTIFIER (Samuel Pysh, M.D.), HEALTH OFFICER (Michael Brown, M.D.), MANNER OF DEATH (Natural), DATE OF INJURY, TIME OF INJURY, INJURY AT WORK, PLACE OF INJURY, LOCATION, DATE PRONOUNCED DEAD, MOTOR VEHICLE ACCIDENT.

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

FILED

97 DEC -5 PM 3:25
OFFICE OF INDIANA
LAKE COUNTY
FOR RECORD

SAM ORLICH
AUDITOR LAKE COUNTY

SDH06-004 State Form 10110 (R4/3-93) Deathcer/PD 1
Michael Brown (M.D.) 1000 E. 80th place St. 415 D. Men -46410 ← #2985