

28-112-23

* 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

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

Local No. 2239-99
268838

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

TYPE/PRINT
IN
PERMANENT
BLACK INK

1 DECEASED—NAME (First Middle, Last) Walter A. Huttie		2 SEX Male	3a TIME OF DEATH 8:18P	3b DATE OF DEATH (Month Day, Yr) September 30, 1999
4 SOCIAL SECURITY NUMBER 306-03-7290	5a AGE—Last Birthday (Years) 86	5b UNDER 1 YEAR Months Days	5c UNDER 1 DAY Hours Minutes	6 DATE OF BIRTH June 10, 1913
7a WAS DECEDENT A U.S. VETERAN? Yes	7b YEAR LAST SERVED IN U.S. ARMED FORCES? 1946	8 PLACE OF BIRTH (City and State or Foreign Country) East Chicago, IN		

DECEDENT

9a FACILITY NAME (If not institution, give street and number) Community Hospital	9b CITY, TOWN OR LOCATION OF DEATH Munster	9c COUNTY OF DEATH Lake
10 MARITAL STATUS (Specify) Married	11 SURVIVING SPOUSE (If wife, give maiden name) Gertrude Walthers	12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Postal Worker
12b KIND OF BUSINESS/INDUSTRY Post Office	9d PLACE OF DEATH (Check only one. See instructions.) HOSPITAL <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Home (Specify) <input type="checkbox"/> Residence	

PARENTS

13a RESIDENCE—STATE IN	13b COUNTY Lake	13c CITY, TOWN OR LOCATION Munster	13d STREET AND NUMBER 8526 Crestwood
13e ZIP CODE 46321	13f INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	14 CITIZEN OF WHAT COUNTRY? U.S.A.	15 WAS DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc)
16 FATHER'S NAME (First Middle, Last) Steve Huttie	17 MOTHER'S NAME (First Middle, Maiden Surname) Victoria Konieczka	18 RACE—American Indian, Black, White, etc (Specify) White	19 DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12 College (1-4 or 5+) 2

INFORMANT

20a INFORMANT'S NAME (Type/Print) Gertude Huttie	20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 8526 Crestwood Munster, IN 46321	20c Relationship Wife
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DISPOSITION

21a METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Entombment <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)	21b DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) October 5, 1999 Regional Cremation SV	21c LOCATION—City or Town, State Munster, IN
22a EMBALMER'S NAME -----	22b EMBALMER'S LICENSE NO -----	23 WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

CAUSE OF DEATH

24a SIGNATURE OF FUNERAL DIRECTOR Thomas J. Burns	24b LICENSE NUMBER (of Licensee) 1045184	25 NAME, ADDRESS AND LICENSE NUMBER OF FUNERAL HOME Burns-Kish Funeral Home #3004968 8415 Calumet Munster, IN 46321
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26 PART I Enter the disease, injuries, or complications that caused the death. Do not enter nonspecific terms such as cardiac or respiratory. IN CERTAIN INSTANCES, THE CAUSE OF DEATH MAY BE A CONSEQUENCE OF ANOTHER DISEASE, INJURY, OR COMPLICATION. COMPLETE COPY OF THE CERTIFICATE OF IMMEDIATE CAUSE OF DEATH WITH THE LAKE COUNTY HEALTH DEPT. (Specify)	26a Ischemic Bowel DUE TO (OR AS A CONSEQUENCE OF) OCT 05 1999	26b DUE TO (OR AS A CONSEQUENCE OF) OCT 06 1999	26c DUE TO (OR AS A CONSEQUENCE OF)	Approximate Interval Between Onset and Death
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CERTIFIER

27 PART II Other significant conditions - Conditions contributing to death but not previously stated in Part I LAKE COUNTY HEALTH COMMISSIONER	27a WAS DECEDENT POSTPARTUM? (Yes or no) NO	27b WAS AUTOPSY PERFORMED? (Yes or no) NO	28b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) ---
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HEALTH OFFICER

29a CERTIFIER (Check only one) <input checked="" type="checkbox"/> CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) as stated <input type="checkbox"/> 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 <input type="checkbox"/> 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	29b SIGNATURE AND TITLE OF CERTIFIER A. Reich	29c MEDICAL LICENSE NO 102001078	29d DATE SIGNED (Month Day, Year) Oct. 5, 1999
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 28) (Type/Print) Dr. Reich 761 45th Munster, IN 46321			
31 HEALTH OFFICER'S SIGNATURE Alexander J. Williams MD			32 DATE FILED (Month Day, Year) October 5, 1999

33 MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> 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) UUU-162 9.00 E.P. CS	
34g DATE PRONOUNCED DEAD (Month Day, Year)		34h MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc		