S6200006 01 BD

• 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.

Local No. 694

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL IC 16-1-19 2000 018036

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
2000 MAR 16 AM 9:30

THIS CERTIFIES THE FOLLOWING IS A TRUE AND COMPLETE COPY OF DEATH ON FILE WITH THE HAMMOND HEALTH DEPARTMENT.

Sept. 3, 1999 — Date Issued

Hammond Health Commissioner

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

- 1 DECEASED—NAME (First Middle Last): WALLACE C. HECTOR
- 2 SEX: Male
- 3a TIME OF DEATH: 5:30 A.M.
- 3b DATE OF DEATH (Month Day Yr): September 1, 1999
- 4 *SOCIAL SECURITY NUMBER: 306-03-6430
- 5a AGE—Last Birthday (Years): 84
- 5b UNDER 1 YEAR (Months / Days):
- 5c UNDER 1 DAY (Hours / Minutes):
- 6 DATE OF BIRTH (Mo Day Yr): August 24, 1915
- 7 BIRTHPLACE (City and State or Foreign Country): Chicago, Illinois
- 8a WAS DECEDENT A US VETERAN?: Yes
- 8b YEAR LAST SERVED IN US ARMED FORCES?: 1946
- 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): St. Margaret Mercy
- 9c CITY, TOWN OR LOCATION OF DEATH: Hammond
- 9d COUNTY OF DEATH: Lake
- 10 MARITAL STATUS (Specify): Widowed
- 11 SURVIVING SPOUSE (If wife, give maiden name): N/A
- 12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Inspector
- 12b KIND OF BUSINESS/INDUSTRY: Inland Steel Company
- 13a RESIDENCE—STATE: Indiana
- 13b COUNTY: Lake
- 13c CITY, TOWN OR LOCATION: Hammond
- 13d STREET AND NUMBER: 7135 VanBuren Avenue
- 13e ZIP CODE: 46324
- 13f INSIDE CITY LIMITS: ☐ No ☒ Yes
- 13g ON A FARM?: ☒ No ☐ Yes
- 14 CITIZEN OF WHAT COUNTRY?: U.S.A.
- 15 WAS DECEDENT OF HISPANIC ORIGIN? (If yes, specify Cuban, Mexican, Puerto Rican, etc.): ☒ No ☐ Yes
- 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): Walter C. Hector
- 19 MOTHER'S NAME (First Middle Maiden Surname): Elsie Lutzow

INFORMANT

- 20a INFORMANT'S NAME (Type/Print): Wallace L. Hector
- 20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 7616 Magnolia Ave., Hammond, IN. 46324
- 20c Relationship: Son

DISPOSITION

- 21a METHOD OF DISPOSITION: ☒ Burial ☐ Cremation ☐ Donation ☐ Entombment ☐ Removal from State ☐ Other (Specify)
- 21b DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory or other place): September 3, 1999 Elmwood Cemetery
- 21c LOCATION—City or Town, State: Hammond, Indiana
- 22a EMBALMER'S NAME: Dean G. Wagner
- 22b EMBALMER'S LICENSE NO: 8800057
- 23 WAS DEATH REPORTED TO CORONER?: ☒ No ☐ Yes
- 24a SIGNATURE OF FUNERAL DIRECTOR: Dean G. Wagner
- 24b LICENSE NUMBER (of Licensee): 8800057
- 25 NAME, ADDRESS AND LICENSE NUMBER OF FUNERAL HOME: Solan Funeral Home FH83002893 7109 Calumet Ave., Hammond, IN. 46324

CAUSE OF DEATH

28 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. Sepsis
- DUE TO (OR AS A CONSEQUENCE OF) b. Malnutrition
- DUE TO (OR AS A CONSEQUENCE OF) c. Multiple Decubiti
- DUE TO (OR AS A CONSEQUENCE OF) d. Dementia

Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last.

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

- 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): N/A

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) 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.
- 29b SIGNATURE AND TITLE OF CERTIFIER: Sirajuddin Khaja
- 29c MEDICAL LICENSE NO: 01036
- 29d DATE SIGNED (Month Day Year): September 2, 199
- 30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 28) (Type/Print): Sirajuddin Khaja, M.D. 921 Fran-Lin Parkway, Munster, IN. 46321 219-836-0488

HEALTH OFFICER

- 31 HEALTH OFFICER'S SIGNATURE: Franklin D. Spemuda M.D.
- 32 DATE FILED (Month Day Year): September 3, 1999

FILED
MAR 15 2000
PETER BENJAMIN
LAKE COUNTY AUDITOR

- 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):
- 34h MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.

9.00

01090

Lot 34 + 35 Blk 5 Resub Graham Terrace PB 18 Page 4

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