

* 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
LAKE COUNTY

CERTIFICATE OF DEATH
FILED FOR RECORDS

Local No. 1532-00

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-10-3

392848
TYPE/PRINT
IN
PERMANENT
BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

1 DECEASED—NAME (First, Middle, Last) George Walters		2a SEX Male		3a TIME OF DEATH 6:50 P.M.		3b DATE OF DEATH (Month, Day, Yr) June 29, 2000	
4 SOCIAL SECURITY NUMBER 346-26-0425		5a AGE—Last Birthday (Years) 66	5b UNDER 1 YEAR Months Days	5c UNDER 1 DAY Hours Minutes	6 DATE OF BIRTH (Mo, Day, Yr) Aug 18 1934		7 BIRTHPLACE (City and State or Foreign Country) Chicago, Ill.
8a WAS DECEDENT A U.S. VETERAN? No	8b YEAR LAST SERVED IN U.S. ARMED FORCES? -----		HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA		OTHER: <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input checked="" type="checkbox"/> Residence		
9a FACILITY NAME (If not institution, give street and number) 1032 Tomahawk			9c CITY, TOWN, OR LOCATION OF DEATH Dyer			9d COUNTY OF DEATH Lake	
10 MARITAL STATUS (Specify) Married		11 SURVIVING SPOUSE (If wife, give maiden name) George Walters		12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) House wife		12b KIND OF BUSINESS/INDUSTRY Own Home	
13a RESIDENCE—STATE Indiana		13b COUNTY Lake		13c CITY, TOWN, OR LOCATION Dyer		13d STREET AND NUMBER 1032 Tomahawk	
13e ZIP CODE 46311		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.)	
13g ON A FARM? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		16 RACE—American Indian, Black, White, etc. (Specify) White		17 DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12)		17b College (1-4 or 5+)	
18 FATHER'S NAME (First, Middle, Last) Joseph Rzasza				19 MOTHER'S NAME (First, Middle, Maiden Surname) Laura Szocinski			
20a INFORMANT'S NAME (Type/Print) George Walters			20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 1032 Tomahawk Dyer, Indiana 46311			20c Relationship Husband	
21a METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)			21b DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) July 3, 2000 Chapel Lawn Mem. Gardens			21c LOCATION—City or Town, State Schererville, Indiana	
22a EMBALMER'S NAME James Betkowski			22b EMBALMER'S LICENSE NO. FD09200077		23 WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
24a SIGNATURE OF FUNERAL DIRECTOR <i>James Betkowski</i>			24b LICENSE NUMBER (of Licensee) FD09200077		25 NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Elmwood FHD# 19900052 11300 W. 97th Lane St. John, Indiana 46373		
26 PART I. Enter the disease, injuries, or complications that caused the death. Do not enter nonspecific terms, such as cardiac or respiratory arrest, shock, or shock failure. List only one cause on each line. HEALTH DEPT. Metastatic carcinoma of lung IMMEDIATE CAUSE (Final disease or condition resulting in death) JUN 30 2000 DUE TO (OR AS A CONSEQUENCE OF) Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last Alexander S. Williams LAKE COUNTY HEALTH COMMISSIONER							Approximate Interval Between Onset and Death 4 years
PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I Chronic obstructive lung disease				27 WAS DECEDENT PREGNANT POSTPARTUM? (Yes or no) NO		28b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) NO	
29a CERTIFIER (Check only one) <input 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 <i>Charles D. Egnatz, MD</i>			29c MEDICAL LICENSE NO. 19054		29d DATE SIGNED (Month, Day, Year) 6-30-00		
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Dr. Chase Egnatz 1326 W. Rt. 30 Dyer, Indiana 46311							
31 HEALTH OFFICER'S SIGNATURE <i>Alexander S. Williams, MD</i>						32 DATE FILED (Month, Day, Year) June 30, 2000	
33 MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Homicide		34a DATE OF INJURY (Month, Day, Year)		34b TIME OF INJURY		34c INJURY AT WORK? (Yes or no)	
		34a PLACE OF INJURY—At home, farm, street, factory, office, building, etc. (Specify)		34d DESCRIBE HOW INJURY OCCURRED 995			
34g DATE PRONOUNCED DEAD (Month, Day, Year)			34h MOTOR VEHICLE ACCIDENT? (Yes or no) If yes specify driver, passenger, pedestrian, etc. 8117 11/20 TH				

Loretta A. Walters owned the following described property with, GEORGE E. WALTERS as Tenants by the Entirety. Said LORETTA A. WALTERS died June 29, 2000.

Legal: Lot 26, Unit 3, Sandy Ridge Addition to the Town of Dyer as shown in Plat Book 061, Page 22, in the office of the Recorder of Lake County, Indiana.

Address of Property: 1032 Arrowhead Dr., Dyer, IN 46311

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