

TYPE OR PRINT
PLAINLY WITH
UNFADING INK
THIS IS A
PERMANENT
RECORD

640583 10CC

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

Dorian Luechi
Rt 2 Box 371
Jasper, 47546

State No.

Local No. 1175-81

661

Below for State Office Use

TYPE OR PRINT IN PERMANENT INK FOR INSTRUCTIONS SEE HANDBOOK

FUNERAL HOME No. 776

USUAL RESIDENCE WHERE DECEASED LIVED IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION

COUNTY

PARENTS

DISPOSITION

COBEN 9-20

CONDITIONS WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

CAUSE

DECEASED—NAME 1. GRANVIL NEWTON DEAN			SEX MALE	DATE OF DEATH (MONTH DAY YEAR) AUGUST 9, 1981
RACE 4. WHITE	AGE—Last Birthday (Yrs) 5a. 76	UNDER 1 YEAR 5b. MOS. DAYS	UNDER 1 DAY 5c. HOURS MINS	DATE OF BIRTH (Mo. Day Yr.) 6. FEB. 9, 1905
CITY, TOWN OR LOCATION OF DEATH 7a. CROWN POINT		HOSPITAL OR OTHER INSTITUTION (Name if not on other page, street and number) 8. ST. ANTHONY MEDICAL CENTER		IF HOSP OR INST (Indicate on DOA Form) 7b. INPATIENT
STATE OF BIRTH (If not in U.S.A. Name Country) 9. INDIANA	CITIZEN OF WHAT COUNTRY 10. U.S.A.	MARRIED NEVER MARRIED, WIDOWED, DIVORCED (Specify) 11. MARRIED	SURVIVING SPOUSE (If not give maiden name) 11. BLANCHE COLLINS	
SOCIAL SECURITY NUMBER 13. 306-09-8771		USUAL OCCUPATION (If not kind of work done during most of working life, specify) 14a. ELECTRICIAN		KIND OF BUSINESS OR INDUSTRY 14b. U.S. STEEL, SHEET & TIN MILL
RESIDENCE—STATE 15a. INDIANA	COUNTY 18b. LAKE	CITY, TOWN OR LOCATION 15c. MERRILLVILLE		IS RESIDENCE ON A FARM? 15d. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
STREET AND NUMBER 15d. 2405 EAST 73RD AVENUE		INSIDE CITY LIMITS (Specify Yes or No) 15f. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. 16a. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				
FATHER—NAME 18. BENJAMIN DEAN		MOTHER—MAIDEN NAME 17. OLLIE CASE		
INFORMANT—NAME (First or print) RELATIONSHIP 18a. BLANCHE DEAN - WIFE		MAILING ADDRESS (Street or R.F.D. No. City or Town State Zip) 18b. 2405 EAST 73RD AVENUE MERRILLVILLE, INDIANA 46410		
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a. BURIAL		CEMETERY OR CREMATORY—FUNERAL HOME 19b. CALUMET PARK CEMETERY		LOCATION (City or Town State Zip) 19c. MERRILLVILLE, INDIANA
DATE (Month Day Year) 20a. AUGUST 12, 1981		FUNERAL HOME—NAME AND ADDRESS (Street or R.F.D. No. City or Town State Zip) 20b. GEISEN FUNERAL HOME, INC., 7905 BROADWAY, MERRILLVILLE, IN.		
To the best of my knowledge, death occurred at the same date and place and due to the following cause: 21a. (Signature) <i>D. Beckner</i>		DATE SIGNED (Mo. Day Yr.) 21b. 8-10-81		HOUR OF DEATH 21c. 2:05 PM '81
NAME OF ATTENDING PHYSICIAN (First or Print) 21d. <i>D. Beckner</i>		MAILING ADDRESS—PHYSICIAN 21e. <i>245 PM '81</i>		
HEALTH OFFICER—SIGNATURE 22a. <i>Paul Tracy M.D.</i>		DATE RECEIVED BY LOCAL HEALTH OFFICER 22b. 8-11-81		
PART I (a) Pneumonia, bilateral		6 weeks		
(b) Aspiration of gastric fluid		6 weeks		
(c) Associated with Parkinson Disease		10 years		
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)		24. NO		

Green Acres 10AC
 10AC
 #22-85-5
 COMPLETE COPY OF THE CERTIFICATE OF DEATH TO BE FILED IN THE COUNTY CLERK'S OFFICE OF THE COUNTY WHERE THE DECEASED RESIDES.
 RONALD W. HESAR, CHIEF LAKE COUNTY CLERK
 LAKELAND, INDIANA

FUNERAL DIRECTOR'S SIGNATURE
 William J. Geisen
 FUNERAL DIRECTOR'S LICENSE No. 3363
 LAKELAND, INDIANA

LAKE COUNTY HEALTH COMMISSIONER