

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

Below for State Office Use

A  
B  
C  
D  
E  
F  
G  
H  
I  
J  
K  
L  
M  
N  
O  
P  
Q  
R  
S  
T  
U  
V  
W  
X  
Y  
Z

655458

INDIANA STATE BOARD OF HEALTH  
MEDICAL CERTIFICATE OF DEATH

State No. 48

**FILED**

FUNERAL HOME No. 125  
FUNERAL DIRECTOR'S LICENSE No. 366  
EMBALMER'S NAME: Marty Andersen  
FUNERAL DIRECTOR'S SIGNATURE: [Signature]

1. DECEASED NAME FIRST: John, MIDDLE: E., LAST: Lahart		2. SEX: Male	3. DATE OF DEATH (MONTH, DAY, YEAR): January 1, 1982
4. RACE: White	5a. AGE—Last Birthday (Yr): 74	5b. UNDER 1 YEAR: MOS, 5c. DAYS	6. DATE OF BIRTH (Mo, Day, Yr): 2-12-1907
7a. COUNTY OF DEATH: Lake		7b. HOSPITAL OR OTHER INSTITUTION: St. Anthony Medical Center	
8. CITY, TOWN OR LOCATION OF DEATH: Crown Point		7d. IF HOSP. OR INST. Indicate DOA, OP, I or Bur. Institution (Specify): Inpatient	
9. STATE OF BIRTH (if not in U.S.A. name country): Iowa	10. CITIZEN OF WHAT COUNTRY: U.S.A.	11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED: Married	12. SURVIVING SPOUSE (if wife give maiden name): Mary McCandless
13. SOCIAL SECURITY NUMBER: 306-09-2637		14. USUAL OCCUPATION: Inspector	
15a. RESIDENCE—STATE: Indiana		14b. KIND OF BUSINESS OR INDUSTRY: U. S. Steel	
15b. COUNTY: Lake		15c. CITY, TOWN OR LOCATION: Crown Point	
15d. STREET AND NUMBER: 404 Cardinal Drive		15e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
15g. IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
16. FATHER—NAME: Edward Lahart		16. MOTHER—MAIDEN NAME: Mary Falton	
17. INFORMANT—NAME: Mary Lahart		17. RELATIONSHIP: Wife	
18a. MAILING ADDRESS: 404 Cardinal Drive		18b. CITY OR TOWN, STATE, ZIP: Crown Point, Indiana 46307	
19a. BURIAL, CREMATION, REMOVAL, OTHER: Burial		19b. CEMETERY OR CREMATORY—FUNERAL HOME: Maplewood Memorial Park	
20a. DATE: January 4, 1982		19c. LOCATION: Crown Point, Indiana	
20b. FUNERAL HOME—NAME AND ADDRESS: Geisen Funeral Home, Inc., 109 N. East St., Crown Point, IN 46307		20c. DATE SIGNED: 1/4/82	
21a. NAME OF ATTENDING PHYSICIAN: Vidyadhar R. Gandra, M.D.		21c. HOUR OF DEATH: 10:10 A. M.	
21b. MAILING ADDRESS—PHYSICIAN: 521 E. 86 Av. Merrillville, IN 46410		22b. DATE RECEIVED BY LOCAL HEALTH OFFICER: 1-4-82	
22a. HEALTH OFFICER—SIGNATURE: [Signature]		22c. INTERVAL BETWEEN ONSET AND DEATH:	
23. IMMEDIATE CAUSE: liver failure		23. PART I (a) (b) (c) DUE TO OR AS A CONSEQUENCE OF: cirrhosis of liver	
23. PART II OTHER SIGNIFICANT CONDITIONS: Conditions contributing to death but not related to cause given in PART I (a)		24. AUTOPSY: No	