

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

685167

Local No. 1478-82

INDIANA STATE BOARD OF HEALTH  
MEDICAL CERTIFICATE OF DEATH

State  
No.

*Walter F. Lewis*  
8585 Broadway  
Merrillville

846

TYPE OR PRINT  
IN  
PERMANENT  
INK  
FOR  
INSTRUCTIONS  
SEE  
HANDBOOK

DECEASED

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

PARENTS

DISPOSITION

M.D.  
OR  
D.O.

CAUSE

1. DECEASED—NAME FIRST: George MIDDLE: Crane LAST: Crane		SEX: Male	DATE OF DEATH (MONTH DAY YEAR): September 14, 1982
2. RACE: White	3. AGE—Last Birthday: 79	4. DATE OF BIRTH (Mo. Day Yr.): 10-5-1902	5. COUNTY OF DEATH: Lake
6. CITY, TOWN OR LOCATION OF DEATH: Crown Point		7. HOSPITAL OR OTHER INSTITUTION—Name (If not on other page street and number): St. Anthony Medical Center	
8. STATE OF BIRTH: Indiana		9. CITIZEN OF WHAT COUNTRY: U.S.A.	10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED: Married
11. SOCIAL SECURITY NUMBER: 306-38-6948		12. SURVIVING SPOUSE (If wife give maiden name): Mary McMahon	
13. RESIDENCE—STATE: Indiana		14a. USUAL OCCUPATION: Teacher - retired	14b. KIND OF BUSINESS OR INDUSTRY: Gary School System
15a. RESIDENCE—COUNTY: Lake		15c. CITY, TOWN OR LOCATION: Crown Point	
16. STREET AND NUMBER: 735 Juliana Court		17. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
18. IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
19. FATHER—NAME: James Crane		20. MOTHER—MAIDEN NAME: Unknown	
21. INFORMANT—NAME: Mary Crane		22. RELATIONSHIP: Wife	
23. MAILING ADDRESS: 735 Juliana Court		24. CITY OR TOWN: Crown Point, Indiana 46307	
25. BURIAL, CREMATION, REMOVAL, OTHER: Burial		26. CEMETERY OR CREMATORY—FUNERAL HOME: Ridgelawn Cemetery	
27. LOCATION: Gary, Indiana		28. DATE (MONTH DAY YEAR): September 16, 1982	
29. FUNERAL HOME—NAME AND ADDRESS: Geisen Funeral Home, Inc., 109 N. East St., Crown Point, IN 46307		30. DATE SIGNED (Mo. Day Yr.):	
31. NAME OF ATTENDING PHYSICIAN: J. A. Kacmar M.D.		32. HOUR OF DEATH: 12:01 A. M.	
33. MAILING ADDRESS—PHYSICIAN: 123 N. Court Street, Crown Point, IN 46307		34. DATE RECEIVED BY LOCAL HEALTH OFFICER: 9-15-82	
35. IMMEDIATE CAUSE: Cardiorespiratory Arrest			
36. OTHER SIGNIFICANT CONDITIONS: Metastatic Prostate Cancer			
37. INTERVAL BETWEEN ONSET AND DEATH: 4 Days			
38. INTERVAL BETWEEN ONSET AND DEATH: 1-2 yr.			
39. AUTOPSY: No			

Below for State of Indiana  
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 #9-376-20  
 SEP 15 1982  
 UNIT 4-B  
 Mammalaw Manor Unit 4-B

FUNERAL HOME No. 125  
 FUNERAL DIRECTORS No. 366  
 LICENSE No. 366  
 EMBALMER'S NAME: Robert P. Geisen  
 FUNERAL DIRECTOR'S SIGNATURE: *Robert P. Geisen*  
 LAKE COUNTY HEALTH COMMISSIONER'S SIGNATURE: *Robert P. Geisen*

*40*