

102566

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

Local No. 639-75

State No.

PERMANENT INK SEE HANDBOOK FOR INSTRUCTIONS

DECEASED—NAME FIRST MIDDLE LAST SEX DATE OF DEATH (MONTH, DAY, YEAR)

1. Walter Harry Gaski Male 3. June 16, 1975

RACE AGE—LAST BIRTHDAY (YEARS) UNDER 1 YEAR MOS. DAYS UNDER 1 DAY HOURS MIN. DATE OF BIRTH (MONTH, DAY, YEAR) COUNTY OF DEATH

4. White 5a. 61 5b. 5c. 6. 11/13/13 7a. Lake

CITY, TOWN, OR LOCATION OF DEATH INSIDE CITY LIMITS (SPECIFY YES OR NO) HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)

7b. Crown Point 7c. Yes 7d. 765 W. Elizabeth Drive

STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) CITIZEN OF WHAT COUNTRY 10. MARRIED NEVER MARRIED SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)

8. Indiana 9. USA 10. WIDOWED DIVORCED 11. Dorothy Macedo

USUAL RESIDENCE WHERE DECEASED LIVED, IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION SOCIAL SECURITY NUMBER 12. 313-07-7407 13a. Retired 13b. Gary Sheet & Tin

RESIDENCE—STATE COUNTY CITY, TOWN OR LOCATION INSIDE CITY LIMITS (SPECIFY YES OR NO) TOWNSHIP

14a. Indiana 14b. Crown Point 14c. Crown Point 14d. Yes 14e. Center

STREET AND NUMBER 14g. WAS RELEASED EVER IN U.S. ARMED FORCES? (If yes, give type of service) 15 RESIDENCE ON A FARM?

14f. 765 Elizabeth Dr. 14g. Yes WW 11 14h. YES NO

PARENTS

FATHER—NAME FIRST MIDDLE LAST MOTHER—MAIDEN NAME FIRST MIDDLE LAST

15. John Gaski 16. Julia Klosek

INFORMATION—NAME RELATIONSHIP MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)

17a. Dorothy Gaski 17b. Wife 765 W. Elizabeth Dr., Crown Point, IN 46307

PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE (FOR (a), (b), AND (c))) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

18. IMMEDIATE CAUSE

(a) Acute Myocardial Infarction DUE TO, OR AS A CONSEQUENCE OF: Immediate

(b) Coronary Arteriosclerosis DUE TO, OR AS A CONSEQUENCE OF: Sev. Years.

(c)

PART II. OTHER SIGNIFICANT CONDITIONS, CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (A) AUTOPSY YES NO IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH 19b. YES NO

Anna N. Anton
AUDITOR LAKE COUNTY

DATE & TIME OF DEATH MONTH DAY YEAR HOUR DATE SIGNED MONTH DAY YEAR

20. June 16, 1975 8:00 A.M. 21a. June 17, 1975

PHYSICIAN'S NAME (TYPE OR PRINT) LAST IN ATTENDANCE SIGNATURE OF PHYSICIAN PHY. CODE NO.

22a. B. F. Carpenter, M. D. 22b. B. F. Carpenter, M. D. 46307

MAILING ADDRESS—PHYSICIAN STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP

23. 123 N. Court St., Crown Point, IN 46307

BURIAL, CREMATION, REMOVAL (SPECIFY) CEMETERY, CREMATORY, FUNERAL HOME LOCATION CITY OR TOWN STATE

24a. Burial 24b. St. Mary's Cemetery 24c. Crown Point, IN

DATE (MONTH, DAY, YEAR) FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)

24d. June 19, 1975 25a. Geisen Funeral Home, Inc., 109 N. East St., Crown Point, IN 46307

HEALTH OFFICER—SIGNATURE DATE RECEIVED BY LOCAL HEALTH OFFICER

25b. Peter Stecy, M. D. 26a. June 17, 1975

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

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Disposition Permit Issued / /

Provisional Certificate Yes No

FUNERAL HOME No. 125

LICENSE No. 32

FUNERAL DIRECTOR'S REGISTER OF DECEASES No. 366

EMBALMER'S NAME Robert P. Geisen

FUNERAL DIRECTOR'S SIGNATURE Robert P. Geisen

Robert P. Geisen

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