William Carroll
101 N. Main
Crown Point 46307

93081997

Key # 25-29-23-25427
Cedar Point Park
L.183, L.185 + L.187

INDIANA STATE DEPARTMENT OF HEALTH

Local No. 2716-93

CERTIFICATE OF DEATH

State No. .....

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

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

1 DECEASED—NAME (First, Middle, Last): Denny L. Crouse
2 SEX: Male
3a TIME OF DEATH: 10:08 P.M.
3b DATE OF DEATH (Month, Day, Yr.): November 17, 1993
4 SOCIAL SECURITY NUMBER: 163-24-7592
5a AGE—Last Birthday (Years): 72
5b UNDER 1 YEAR (Months, Days):
5c UNDER 1 DAY (Hours, Minutes):
6 DATE OF BIRTH (Mo. Day. Yr.): June 21, 1921
7 BIRTHPLACE (City and State or Foreign Country): Canada West Virginia
8a WAS DECEDENT A U.S. VETERAN? Yes
8b YEAR LAST SERVED IN U.S. ARMED FORCES? 1945
8c PLACE OF DEATH (Check only one. See instructions): HOSPITAL ☐ Inpatient ☐ ER/Outpatient ☐ DOA; OTHER ☐ Nursing Home ☐ Other (Specify) ☐ Residence
9b FACILITY NAME (If not institution, give street and number): St. Anthony's Hospital
9c CITY, TOWN, OR LOCATION OF DEATH: Crown Point
9d COUNTY OF DEATH: Lake
10 MARITAL STATUS (Specify): Married
11 SURVIVING SPOUSE (If wife, give maiden name): Dora Knopp
12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Carpenter
12b KIND OF BUSINESS/INDUSTRY: Construction
13a RESIDENCE—STATE: Indiana
13b COUNTY: Lake
13c CITY, TOWN OR LOCATION: Cedar Lake
13d STREET AND NUMBER: 13436 Hilltop
13e ZIP CODE: 46303
13f INSIDE CITY LIMITS? ☐ No ☒ Yes
13g ON A FARM? ☒ No ☐ Yes
14 CITIZEN OF WHAT COUNTRY? U.S.A.
15 WAS DECEDENT OF HISPANIC ORIGIN? ☒ No ☐ Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc.)
16 RACE—American Indian, Black, White, etc. (Specify): White
17 DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 5; College (1-4 or 5+):

PARENTS

18 FATHER'S NAME (First, Middle, Last): Hugh G. Crouse
19 MOTHER'S NAME (First, Middle, Maiden Surname): Tilda Lewis

INFORMANT

20a INFORMANT'S NAME (Type/Print): Dora Crouse
20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, ZIP): 13436 Hilltop Cedar Lake, Indiana
20c Relationship: Wife

DISPOSITION

21a METHOD OF DISPOSITION: ☒ Burial ☐ Cremation ☐ Donation ☐ Other (Specify) ☐ Entombment ☐ Removal from State
21b DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): November 20, 1993 German Methodist
21c LOCATION—City or Town, State: Cedar Lake, Indiana
22a EMBALMER'S NAME: Fred Oparka
22b EMBALMER'S LICENSE NO.: FD01016076
23 WAS DEATH REPORTED TO CORONER? ☐ No ☐ Yes
24a SIGNATURE OF FUNERAL DIRECTOR: Fred Oparka
24b LICENSE NUMBER (of Licensee): FD01016076
25 NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME: Keller Brady FH83000825 Cedar Lake, Indiana 46303

CAUSE OF DEATH

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 heart failure. List only one cause on each line.

Approximate Interval Between Onset and Death

IMMEDIATE CAUSE (Final disease or condition resulting in death): a. Myocardial Infarction - Lateral wall — 1-2 days
DUE TO (OR AS A CONSEQUENCE OF): b. Coronary artery disease — years
DUE TO (OR AS A CONSEQUENCE OF): c. Ischemic Cardiomyopathy —
DUE TO (OR AS A CONSEQUENCE OF): d. Hypertension — years

Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last.

NOV 2 1993

FILED
DEC 7 1993

PART II. Other significant conditions. Conditions contributing to death but not previously stated in Part I: Cerebellar aneurysm s/p Surgical clipping

27. WAS DECEDENT PREGNANT WITHIN 90 DAYS PRIOR TO DEATH? (Yes or no): No
28a. WAS AN AUTOPSY PERFORMED? (Yes or no): No
28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no): No

CERTIFIER

29a. CERTIFIER (Check only one):
☐ CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated
☐ 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.
☐ 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: Joseph G. Sanza M.D.
29c. MEDICAL LICENSE NO.: 010.40278
29d. DATE SIGNED (Month, Day, Year): 11/22/93

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print): Joseph G. Sanza M.D. 9291 Franciscan Lane Suite 204 Crown Point, IN 46307

HEALTH OFFICER

31. HEALTH OFFICER'S SIGNATURE: Alexander S. Williams, M.D.
32. DATE FILED (Month, Day, Year): December 23, 1993

CORONER USE ONLY

33. MANNER OF DEATH: ☐ Natural ☐ Pending Investigation ☐ Accident ☐ Suicide ☐ Could not be Determined ☐ Homicide
34a. DATE OF INJURY (Month, Day, Year):
34b. TIME OF INJURY:
34c. INJURY AT WORK? (Yes or no):
34d. DESCRIBE HOW INJURY Ooccurred:
34e. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify):
34f. LOCATION (Street and Number or Rural Route Number, City or Town, State):
34g. DATE PRONOUNCED DEAD (Month, Day, Year):
34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.:

80504

SDH06-004 State Form 10110 (R3 / 3-92) DEATH-CER 02