Local No. 225

94002649

# INDIANA STATE BOARD OF HEALTH
## CERTIFICATE OF DEATH

THIS CERTIFIES THE FOLLOWING IS A TRUE AND COMPLETE COPY OF DEATH ON FILE WITH THE HAMMOND HEALTH DEPARTMENT.

Nov. 29, 1993 — Date Issued — Hammond Health Commissioner

TYPE/PRINT IN PERMANENT BLACK INK

**DECEDENT**

| Field | Entry |
|---|---|
| 1. Deceased—Name (First, Middle, Last) | Waitman Crowe |
| 2. Sex | Male |
| 3a. Time of Death | 7:00 pm |
| 3b. Date of Death (Month, Day, Yr) | March 12, 1992 |
| 4. Social Security Number | 407-24-8406 |
| 5a. Age—Last Birthday (Years) | 77 |
| 5b. Under 1 Year (Months, Days) | |
| 5c. Under 1 Day (Hours, Minutes) | |
| 6. Date of Birth (Mo, Day, Yr) | September 18, 1914 |
| 7. Birthplace (City and State or Foreign Country) | Kentucky |
| 8a. Was Decedent a U.S. Veteran? | No |
| 8b. Year Last Served in US Armed Forces? | ------ |
| 9a. Place of Death | Other: ☒ Residence |
| 9b. Facility Name (If not institution, give street and number) | 6915 Lindbergh |
| 9c. City, Town or Location of Death | Hammond |
| 9d. County of Death | Lake |
| 10. Marital Status | Widowed |
| 11. Surviving Spouse (If wife, give maiden name) | ---------- |
| 12a. Decedent's Usual Occupation | Sampler |
| 12b. Kind of Business/Industry | U.S. Steel |
| 13a. Residence—State | Indiana |
| 13b. County | Lake |
| 13c. City, Town or Location | Hammond |
| 13d. Street and Number | 6915 Lindbergh |
| 13e. Zip Code | 46324 |
| 13f. Inside City Limits | ☒ Yes |
| 13g. On a Farm? | ☒ No |
| 14. Citizen of What Country? | U.S.A. |
| 15. Was Decedent of Hispanic Origin? | ☒ No |
| 16. Race | White |
| 17. Decedent's Education (Elementary/Secondary 0-12) | 8 Yrs |

**PARENTS**

| Field | Entry |
|---|---|
| 18. Father's Name (First, Middle, Last) | Gip Crowe |
| 19. Mother's Name (First, Middle, Maiden Surname) | Ida Hoskins |

**INFORMANT**

| Field | Entry |
|---|---|
| 20a. Informant's Name | Myrtle Williams |
| 20b. Mailing Address | 7225 W. 22nd Ave, Gary, Indiana 46406 |
| 20c. Relationship | Daughter |

**DISPOSITION**

| Field | Entry |
|---|---|
| 21a. Method of Disposition | ☒ Burial |
| 21b. Date and Place of Disposition | March 16, 1992 Chapel Lawn Memorial Gardens |
| 21c. Location—City or Town, State | Schererville, Indiana |
| 22a. Embalmer's Name | James Porras |
| 22b. Embalmer's License No. | 1045964 |
| 23. Was Death Reported to Coroner? | ☒ No |
| 24a. Signature of Funeral Director | Thomas J. Burns |
| 24b. License Number (of Licensee) | 1045184 |
| 25. Name, Address, and License Number of Funeral Home | Burns-Kish Funeral Home #3004968, 8415 Calumet Ave, Munster, Indiana 46321 |

**CAUSE OF DEATH**

26. PART I. Enter the diseases, 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.

IMMEDIATE CAUSE (Final disease or condition resulting in death)
a. Arteriosclerotic
DUE TO (OR AS A CONSEQUENCE OF)
b. Conjestive Heart Failure
DUE TO (OR AS A CONSEQUENCE OF)
c.
DUE TO (OR AS A CONSEQUENCE OF)
d.

PART II. Other significant conditions —

| 27. Was Decedent Pregnant or 90 Days Postpartum? | 28a. Was an Autopsy Performed? | 28b. Were Autopsy Findings Available Prior to Completion of Cause of Death? |
|---|---|---|
| NO | NO | NO |

FILED DEC 30 1993

Ivan N. Antone — AUDITOR LAKE COUNTY

**CERTIFIER**

29a. Certifier: ☒ 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.

29b. Signature and Title of Certifier: Franklin F. Premuda M.D.
29c. Medical License No.: 13439
29d. Date Signed: March 18, 199

30. Name and Address of Person Who Completed Cause of Death (Item 26): Franklin F. Premuda, M.D., 649 Conkey Street, Hammond, Ind. 46324

**HEALTH OFFICER**

31. Health Officer's Signature: Franklin F. Premuda M.D.
32. Date Filed: March 18, 19

**CORONER USE ONLY**

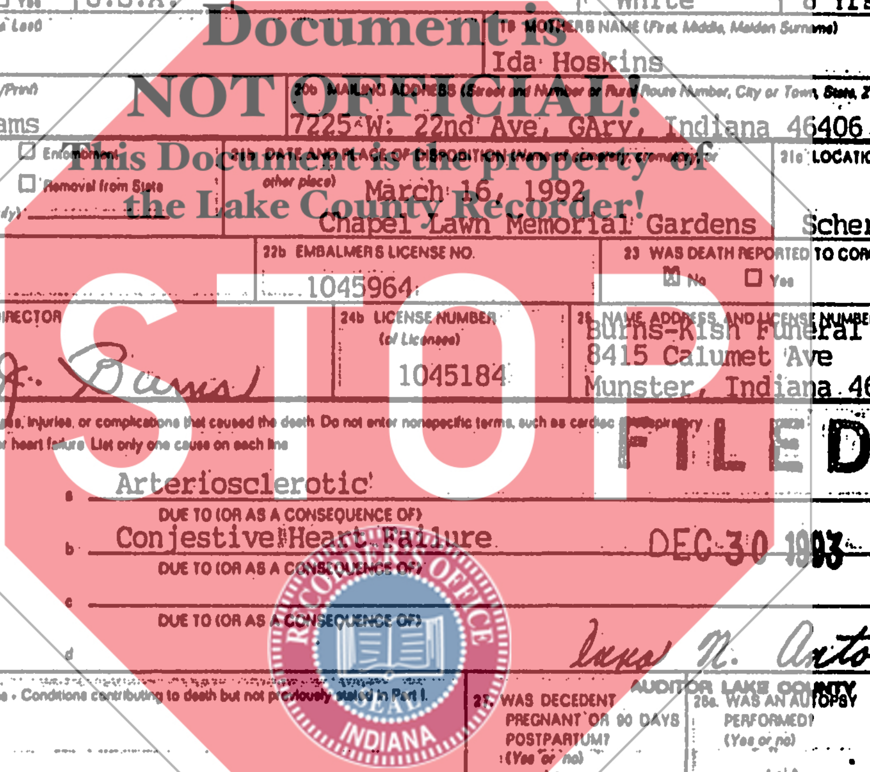
33. Manner of Death — 34a. Date of Injury — 34b. Time of Injury — 34c. Injury at Work? — 34d. Describe How Injury Occurred — 34e. Place of Injury — 34f. Location — 34g. Date Pronounced Dead — 34h. Motor Vehicle Accident?

01028

SBH06-004 State Form 10110 (R2/3-89)

→ Darko & Goldsmith 1500-119th St Whiting, In 46394

Handwritten margin notes: S 70 ft of N 135.25 ft of E½ E½ NW SW S.9 T.36 R.9 0.362 AC m/l — Key #37-154-36; unit #26. Calumet Home Gardens E 50 of W½ lot 16 W 105 ft lot 16 exc S 300 ft E 45 ft of W 105 ft of S 300 ft of lot 16 — Key #49-123-55, 56 & 76 unit #41


Document is NOT OFFICIAL! This Document is the property of the Lake County Recorder! STOP RECORDER'S OFFICE INDIANA