ATTENTION ESTATE: Disclosure of the SS# we need to pursue our responsibilities is voluntary and there will be no penalty for refusal.

INDIANA STATE DEPARTMENT OF HEALTH

Local No. 2838-93

CERTIFICATE OF DEATH

State No. .....

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-19-3

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

1. DECEASED—NAME (First, Middle, Last): Walter H. Crouch
2. SEX: Male
3a. TIME OF DEATH: 6:50 p M
3b. DATE OF DEATH (Month, Day, Yr): December 11, 1993
4. SOCIAL SECURITY NUMBER: 306-28-1456
5a. AGE—Last Birthday (Years): 65
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Mo, Day, Yr): January 13, 1928
7. BIRTHPLACE (City and State or Foreign Country): Mt. Carmel, Illinois
8a. WAS DECEDENT A U.S. VETERAN? Yes
8b. YEAR LAST SERVED IN U.S. ARMED FORCES? 1952
9a. PLACE OF DEATH (Check only one. See instructions): HOSPITAL: [X] Inpatient; [ ] ER/Outpatient; [ ] DOA. OTHER: [ ] Nursing Home; [ ] Other (Specify); [ ] Residence
9b. FACILITY NAME (If not institution, give street and number): St. Anthony Medical Center
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): Dolores Sirmer
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Steelworker
12b. KIND OF BUSINESS/INDUSTRY: Inland Steel Corp.
13a. RESIDENCE—STATE: Indiana
13b. COUNTY: Lake
13c. CITY, TOWN OR LOCATION: Cedar Lake
13d. STREET AND NUMBER: 10005 W. 113th Avenue
13e. ZIP CODE: 46303
13f. INSIDE CITY LIMITS? [X] No [ ] Yes
13g. ON A FARM? [X] No [ ] Yes
14. CITIZEN OF WHAT COUNTRY? USA
15. WAS DECEDENT OF HISPANIC ORIGIN? [X] 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): 8; College (1-4 or 5+): 0

PARENTS

18. FATHER'S NAME (First, Middle, Last): Lee Roy Crouch
19. MOTHER'S NAME (First, Middle, Maiden Surname): Martha [illegible] YORK

INFORMANT

20a. INFORMANT'S NAME (Type/Print): Dolores Crouch
20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 10005 W. 113th Ave, Cedar LK, IN 46303
20c. Relationship: Wife

DISPOSITION

21a. METHOD OF DISPOSITION: [ ] Burial [X] Cremation [ ] Donation [ ] Other (Specify) [ ] Entombment [ ] Removal from State
21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory or other place): December 14, 1993 Calumet Park Cemetery and Crematory
21c. LOCATION—City or Town, State: Merrillville, Indiana
22a. EMBALMER'S NAME: William E. Burdan
22b. EMBALMER'S LICENSE NO.: FD01007697
23. WAS DEATH REPORTED TO CORONER? [X] No [ ] Yes
24a. SIGNATURE OF FUNERAL DIRECTOR: William E. Burdan
24b. LICENSE NUMBER (of Licensee): FD01007697
25. NAME, ADDRESS AND LICENSE NUMBER OF FUNERAL HOME: BURDAN FUNERAL HOME BF83002461 12901 Wicker Ave., Cedar LK, IN 46303

CAUSE OF DEATH

26. PART I. ENTER THE CHAIN OF EVENTS—diseases, injuries, or complications that caused the death. Do not enter nonspecific terms such as cardiac or respiratory arrest, shock, or heart failure. Enter only one cause on each line.

Immediate cause (Final disease or condition resulting in death): a. Cardiorespiratory Shock — Approximate Interval Between Onset and Death: days

Conditions, if any, which gave rise to the immediate cause stating the underlying cause last: DUE TO (OR AS A CONSEQUENCE OF): b. (Subacute Congestive) Cardiomyopathy — Approximate Interval Between Onset and Death: Years

DUE TO (OR AS A CONSEQUENCE OF): c. Renal Failure — Approximate Interval Between Onset and Death: days

DUE TO (OR AS A CONSEQUENCE OF): d. Coronary Artery — Approximate Interval Between Onset and Death: years

PART II. Other significant conditions contributing to death but not previously stated in Part I.

27. WAS DECEDENT PREGNANT OR POSTPARTUM?
28a. WAS AN AUTOPSY PERFORMED? (Yes / no)
28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no)

CERTIFIER

29a. CERTIFIER (Check only one):
[X] 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:
29c. MEDICAL LICENSE NO.: 31712
29d. DATE SIGNED (Month, Day, Year): 12-13-93

HEALTH OFFICER

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print): JACK Ziegler 9001 Broadway Merrillville, IN
31. HEALTH OFFICER'S SIGNATURE: Alexander S. Williams, M.D.
32. DATE FILED (Month, Day, Year): December 13, 1993

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 OCCURRED
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.

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SDH06-004 State Form 10110 (R4/3-93) Deathcer/PD 1

Document is NOT OFFICIAL! This Document is the property of the Lake County Recorder! STOP
RECORDER'S OFFICE SEAL INDIANA
FILED
THIS CERTIFIES THE ABOVE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPT.
JAN 7 1995
LAKE COUNTY HEALTH COMMISSIONER
AMASA G. COLBERT CHIEF DEP. RECORDER
STATE OF INDIANA LAKE COUNTY FILED FOR RECORD
95 JAN 9 9:08
JIM ORLICH AUDITOR LAKE COUNTY