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PORTER COUNTY
CERTIFICATE OF DEATH

17-18-19

Porter County Health Department
1401 Calumet Avenue
Valparaiso, Indiana 46383

LTIC 66014

TYPE/PRINT IN PERMANENT BLACK INK

998299962

FILED
DEC 8 AM 10:49

DECEDENT

1. DECEASED—NAME (First, Middle, Last)	2. SEX	3a. TIME OF DEATH	3b. DATE OF DEATH (Month, Day, Yr)
JUANITA DEMERS	FEMALE	12:30 PM	NOVEMBER 18, 1995

4. SOCIAL SECURITY NUMBER	5a. AGE	5b. UNDER 1 YEAR (Months / Days)	5c. UNDER 1 DAY (Hours / Minutes)	6. DATE OF BIRTH (Mo, Day, Yr)	7. BIRTHPLACE (City and State or Foreign Country)
406-20-4345	71			AUG. 27, 1924	IRWIN, KENTUCKY

8a. WAS DECEDENT A U.S. VETERAN?	8b. YEAR LAST SERVED IN U.S. ARMED FORCES?	9a. PLACE OF DEATH (Check only one)
NO	N/A	HOSPITAL: ☐ Inpatient ☐ ER/Outpatient ☐ DOA; OTHER: ☒ Nursing Home ☐ Other (Specify) ☐ Residence

9b. FACILITY NAME (If not institution, give street and number)	9c. CITY, TOWN, OR LOCATION OF DEATH	9d. COUNTY OF DEATH
VALPARAISO CARE & REHABILITATION CENTER	VALPARAISO	PORTER

10. MARITAL STATUS (Specify)	11. SURVIVING SPOUSE (If wife, give maiden name)	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired)	12b. KIND OF BUSINESS/INDUSTRY
MARRIED	ROBERT DEMERS	ASSISTANT CLERK	LAKE COUNTY CLERKS OFFC

13a. RESIDENCE—STATE	13b. COUNTY	13c. CITY, TOWN, OR LOCATION	13d. STREET AND NUMBER
INDIANA	LAKE	HOBART	400 W. 10TH STREET

13e. ZIP CODE	13f. INSIDE CITY LIMITS	13g. ON A FARM?	14. CITIZEN OF WHAT COUNTRY?	15. WAS DECEDENT OF HISPANIC ORIGIN?	16. RACE	17. DECEDENT'S EDUCATION Elementary/Secondary (0-12)	College (1-4 or 5+)
46342	☐ No ☒ Yes	☒ No ☐ Yes	USA	☒ No ☐ Yes	WHITE	12	

PARENTS

18. FATHER'S NAME (First, Middle, Last)	19. MOTHER'S NAME (First, Middle, Maiden Surname)
CHARLES ARMSTRONG	HATTIE (UNAVAILABLE)

INFORMANT

20a. INFORMANT'S NAME (Type/Print)	20b. MAILING ADDRESS	20c. Relationship
ROBERT DEMERS	400 W. 10TH STREET, HOBART, IN 46342	HUSBAND

DISPOSITION

21a. METHOD OF DISPOSITION	21b. DATE AND PLACE OF DISPOSITION	21c. LOCATION—City or Town, State
☐ Burial ☒ Cremation ☐ Donation ☐ Other ☐ Entombment ☐ Removal from State	NOVEMBER 21, 1995 CALVARY CREMATORY	PORTAGE, INDIANA

22a. EMBALMER'S NAME	22b. EMBALMER'S LICENSE NO.	23. WAS DEATH REPORTED TO CORONER?
JAMES J. KRAUSE	FD01006463	☒ No ☐ Yes

24a. SIGNATURE OF FUNERAL DIRECTOR	24b. LICENSE NUMBER (of Licensee)	25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME
James J. Krause	FD01006463	FH83003069 REES FUNERAL HOME, INC. 600 W. OLD RIDGE RD, HOBART, IN 46342

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)		Approximate Interval Between Onset and Death
a.	Carcinoma Lung	yrs
b. DUE TO (OR AS A CONSEQUENCE OF)	Diabetes	yrs
c. DUE TO (OR AS A CONSEQUENCE OF)	Dementia	yrs
d. DUE TO (OR AS A CONSEQUENCE OF)		

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

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	29c. MEDICAL LICENSE NO.	29d. DATE SIGNED
Kenneth Black	24841	11/20/95

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26): KENNETH BLACK MD, 6040 LUTE ROAD, PORTAGE, INDIANA 46368

HEALTH OFFICER

31. HEALTH OFFICER'S SIGNATURE	32. DATE FILED
Gary A. Bolinski FILED	November 20, 1995

33. MANNER OF DEATH	34a. DATE OF INJURY	34b. TIME OF INJURY	34c. INJURY AT WORK?	34d. DESCRIBE HOW INJURY OCCURRED
☐ Natural ☐ Pending Investigation ☐ Accident ☐ Suicide ☐ Could not be Determined ☐ Homicide				

APR 06 1999

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)

PETER BENJAMIN
LAKE COUNTY AUDITOR

34g. DATE PRONOUNCED DEAD (Month, Day, Year)

34h. MOTOR VEHICLE ACCIDENT? (Yes or no) driver, passenger, pedestrian, etc.

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