No. 95-278

# CERTIFICATE OF DEATH

State No. ..............................

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-16-8

TYPE/PRINT IN PERMANENT BLACK INK

**DECEDENT**

- 1. Deceased—Name (First, Middle, Last): JOHN A. LATTA
- 2. Sex: MALE
- 3a. Time of Death: 8:30P M
- 3b. Date of Death (Month, Day, Yr): SEPTEMBER 24, 1995
- 4. Social Security Number: 313-01-6370
- 5a. Age—Last Birthday (Years): 84
- 5b. Under 1 Year (Months, Days):
- 5c. Under 1 Day (Hours, Minutes):
- 6. Date of Birth (Mo, Day, Yr): FEB. 24, 1911
- 7. Birthplace (City and State or Foreign Country): WHITING, INDIANA
- 8a. Was Decedent a U.S. Veteran: NO
- 8b. Year Last Served in U.S. Armed Forces?: N/A
- 9a. 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. CATHERINE HOSPITAL
- 9c. City, Town or Location of Death: EAST CHICAGO
- 9d. County of Death: LAKE
- 10. Marital Status (Specify): MARRIED
- 11. Surviving Spouse (If wife, give maiden name): ANN M. NASTAV
- 12a. Decedent's Usual Occupation (Give kind of work done during most of working life. Do not use retired): WELDER
- 12b. Kind of Business/Industry: AMOCO OIL COMPANY
- 13a. Residence—State: INDIANA
- 13b. County: LAKE
- 13c. City, Town or Location: HAMMOND(WHITING P.O.)
- 13d. Street and Number: 2138 ATCHISON AVENUE
- 13e. Zip Code: 46394
- 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): 6; College (1-4 or 5+):

**PARENTS**

- 18. Father's Name (First, Middle, Last): URBAN LATTA
- 19. Mother's Name (First, Middle, Maiden Surname): ANNA UNKNOWN

**INFORMANT**

- 20a. Informant's Name (Type/Print): MRS. ANN M. LATTA
- 20b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code): 2138 ATCHISON, WHITING, IN 46394
- 20c. Relationship: WIFE

**DISPOSITION**

- 21a. Method of Disposition: ☐ Burial ☐ Cremation ☒ Entombment ☐ Removal from State ☐ Donation ☐ Other (Specify)
- 21b. Date and Place of Disposition (Name of cemetery, crematory, or other place): SEPTEMBER 27, 1995 ST. JOHN MAUSOLEUM
- 21c. Location—City or Town, State: HAMMOND, INDIANA
- 22a. Embalmer's Name: MARTIN A. DYBEL
- 22b. Embalmer's License No.: FDE01019456
- 23. Was Death Reported to Coroner?: ☐ No ☒ Yes
- 24a. Signature of Funeral Director: [signature]
- 24b. License Number (of Licensee): FDE01019456
- 25. Name, Address and License Number of Funeral Home: BARAN & SON, INC., FDH83007267 1235-119TH ST., WHITING, IN 4639

**CAUSE OF DEATH**

26. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, 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. Cardio-Pulmonary Arrest
- b. DUE TO (OR AS A CONSEQUENCE OF): Cerebro-vascular accident
- c. DUE TO (OR AS A CONSEQUENCE OF): Arteriosclerotic heart disease
- d. DUE TO (OR AS A CONSEQUENCE OF): Chronic renal insufficiency

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

Approximate Interval Between Onset and Death:

PART II. Other significant conditions - Conditions contributing to death but not resulting in the underlying cause given in Part I.

- 27. Was Decedent Pregnant or 90 Days Postpartum? (Yes or No): N/A
- 28a. Was an Autopsy Performed? (Yes or No): NO
- 28b. Were Autopsy Findings Available Prior to Completion of Cause of Death? (Yes or No): N/A

**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: J. Mangahas, M.D.
- 29c. Medical License No.: 01023357
- 29d. Date Signed (Month, Day, Year): SEPT. 26, 1995
- 30. Name and Address of Person Who Completed Cause of Death (Item 26) (Type/Print): J. P. MANGAHAS, M.D., 4716 INDIANAPOLIS BLVD., WHITING, INDIANA 46312
- 31. Health Officer's Signature: Dr. Timothy Kaspirovich
- 32. Date Filed (Month, Day, Year): 9-28-95

**DEATH REGISTER**

- 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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Return to: INDIANA TITLE NETWORK COMPANY 2013545 CROWN POINT, IN 46307

SDH06-004 State Form 10110 (R4/3-93) Death Certificate

9.00 ck # 177

FILED APR 1 2002 PETER BENJAMIN LAKE COUNTY AUDITOR

2002 038013

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RECORDER'S OFFICE LAKE COUNTY INDIANA