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PORTER COUNTY
CERTIFICATE OF DEATH

PORTER COUNTY
HEALTH DEPARTMENT
155 Indiana Ave Suite 104
Valparaiso IN 46383

17-22-19-17-18-94

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

TYPE/PRINT
IN
PERMANENT
BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF
DEATH

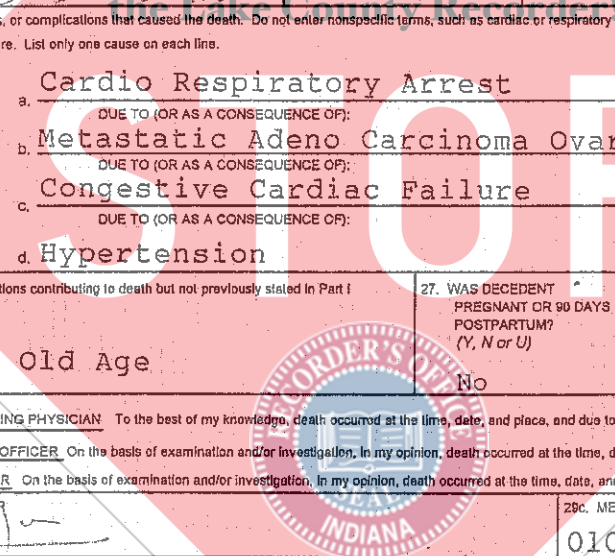
CERTIFIER

HEALTH
OFFICER

1. DECEASED - NAME (First, Middle, Last) Edith M. Haller		2. SEX Female	3a. TIME OF DEATH 10:45 pm	3b. DATE OF DEATH (Month, Day, Yr.) September 5, 2005
4. SOCIAL SECURITY NUMBER 314-60-1397		5a. AGE - Last Birthday (Years) 97	5b. UNDER 1 YEAR Months Days Hours Minutes	5c. UNDER 1 DAY Hours Minutes
6. DATE OF BIRTH (Mo., Day, Yr.) February 10, 1908		7. BIRTHPLACE (City and State or Foreign Country) Porter County Indiana		
8a. WAS DECEDENT A U.S. VETERAN? No		8b. YEAR LAST SERVED IN U.S. ARMED FORCES? -		8c. PLACE OF DEATH (Check only one See instructions) HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> COA OTHER: <input type="checkbox"/> Nursing Home <input type="checkbox"/> Residence <input checked="" type="checkbox"/> Hospice
9a. FACILITY NAME (If not institution, give street and number) VNA Horton Hospice Center		9b. CITY, TOWN, OR LOCATION OF DEATH Valparaiso		9c. COUNTY OF DEATH Porter
10. MARITAL STATUS (Specify) Widowed		11. SURVIVING SPOUSE (If wife, give maiden name) N/A		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Homemaker
12b. KIND OF BUSINESS/INDUSTRY At Home				
13a. RESIDENCE - STATE Indiana		13b. COUNTY Lake	13c. CITY, TOWN OR LOCATION Hobart	
13d. STREET AND NUMBER 418 Center Street				
13e. ZIP CODE 46342	13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	14. CITIZEN OF WHAT COUNTRY? USA	15. WAS DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc.)	16. RACE - American Indian, Black, White, etc. (Specify) White
17. DECEDENT'S EDUCATION (Specify only high school completed) Elementary/Secondary <input checked="" type="checkbox"/> College (1-4 or 5+) <input type="checkbox"/> N/A				
18. FATHER'S NAME (First, Middle, Last) Charles Koepfen		19. MOTHER'S NAME (First, Middle, Maiden Surname) Katherine Rohwedder		
20a. INFORMANT'S NAME (Type/Print) Bruce Haller		20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 303 W. 100 N., Valparaiso, IN 46385		20c. Relationship Son
21a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) September 9, 2005 EVERGREEN MEMORIAL PARK CEMETERY		21c. LOCATION - City or Town, State Hobart, Indiana
22a. EMBALMER'S NAME Terrence P. Burns		22b. EMBALMER'S LICENSE NO. 01013890	23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
24a. SIGNATURE OF FUNERAL DIRECTOR <i>Terrence P. Burns</i>		24b. LICENSE NUMBER (of Licensee) FD01009461	25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Burns Funeral Home FH83002380 701 E. 7th Street, Hobart, Indiana 46342	
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. Cardio Respiratory Arrest DUE TO (OR AS A CONSEQUENCE OF): b. Metastatic Adeno Carcinoma Ovaries DUE TO (OR AS A CONSEQUENCE OF): c. Congestive Cardiac Failure DUE TO (OR AS A CONSEQUENCE OF): d. Hypertension CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE, STALLING THE UNDERLYING CAUSE LAST				
PART II - Other significant conditions - Conditions contributing to death but not previously stated in Part I Osteoporosis - Old Age				
27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Y, N or U) 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) -				
29a. CERTIFIER (Check only one) <input checked="" type="checkbox"/> CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated. <input type="checkbox"/> 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. <input type="checkbox"/> 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 <i>Shashikant R. Rane</i>		29c. MEDICAL LICENSE NO. 01031797
29d. DATE SIGNED (Month, Day, Year) September 8, 2005				
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 29) (Type/Print) Shashikant R. Rane M.D. 10 N Michigan, Hobart, IN 46342				
31. HEALTH OFFICER'S SIGNATURE <i>Shashikant R. Rane</i>				32. DATE FILED (Month, Day, Year) September 8, 2005
33. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Could not be Determined		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, building, etc. (Specify) 24989		
34f. LOCATION (Street and Number or Rural Route Number, City or Town, State) LAKE COUNTY AUDITOR		34g. DATE PRONOUNCED DEAD (Month, Day, Year) September 5, 2005		
34h. MOTOR VEHICLE ACCIDENT? (Yes or No) If yes, specify driver, passenger, or pedestrian.				

NOT OFFICIAL

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RECORDED
MICHAEL A. BROWN
SEP 18 AM 9:41
CLERK OF INDIANA
STATE OF INDIANA
RECORDER'S OFFICE
PORTER COUNTY, INDIANA

FILED

DEC 15 2006

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR