

Key # 25-42-59-34  
Key # 25-44-0288-0038

7CC

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No. ....

ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to insure its statutory responsibility. Disclosure is voluntary and there will be no penalty for refusal.

Local No. 2902-01

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-37-1-10

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

PARENTS

INFORMANT

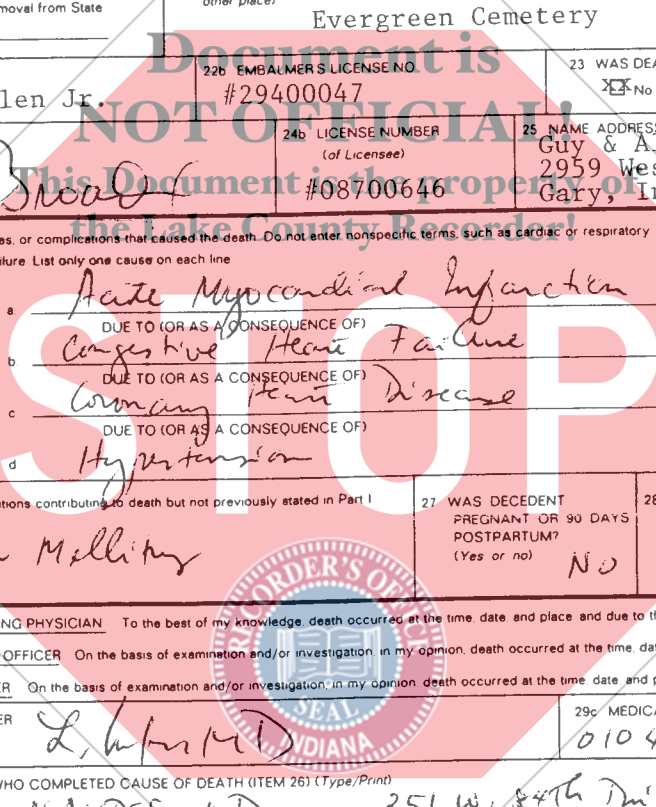
DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

1 DECEASED—NAME (First, Middle, Last) Juanita L. White				2 SEX Female		3a TIME OF DEATH 7:25 p.m.		3b DATE OF DEATH (Month, Day, Yr.) November 18, 2001	
4 *SOCIAL SECURITY NUMBER 311-62-4086		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 20, 1936	
7 BIRTHPLACE (City and State or Foreign Country) McComb, Mississippi		9a PLACE OF DEATH (Check only one. See instructions)							
8a WAS DECEDENT A U.S. VETERAN? No		8b YEAR LAST SERVED IN U.S. ARMED FORCES? N/A		HOSPITAL <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA			OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence		
9b FACILITY NAME (If not institution, give street and number) Methodist Hospital Southlake						9c CITY, TOWN OR LOCATION OF DEATH Merrillville		9d COUNTY OF DEATH Lake	
10 MARITAL STATUS (Specify) Married		11 SURVIVING SPOUSE (If wife, give maiden name) James White		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 Home		
13a RESIDENCE—STATE Indiana		13b COUNTY Lake		13c CITY, TOWN OR LOCATION Gary				13d STREET AND NUMBER 1759 Garfield Street	
13e ZIP CODE 46404		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) Black	
17 DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 8th		17 College (1-4 or 5+)		18 FATHER'S NAME (First, Middle, Last) Paul Leonard				19 MOTHER'S NAME (First, Middle, Maiden Surname) Juanita Walker	
20a INFORMANT'S NAME (Type/Print) James White				20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 1759 Garfield Street Gary, Indiana 46404				20c Relationship Husband	
21a METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Entombment <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) November 23, 2001 Evergreen Cemetery				21c LOCATION (City or Town, State) Hobart, Indiana	
22a EMBALMER'S NAME Rosenwald D. Allen Jr.				22b EMBALMER'S LICENSE NO. #29400047		23 WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
24a SIGNATURE OF FUNERAL DIRECTOR <i>Valerie J. Snodgrass</i>				24b LICENSE NUMBER (of Licensee) #08700646		25 NAME, ADDRESS AND LICENSE NUMBER OF FUNERAL HOME Guy & Allen Funeral Director, Inc. 2959 West 11th Avenue Gary, Indiana 46404 83007704			
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. Acute Myocardial Infarction b. Congestive Heart Failure c. Coronary Heart Disease d. Hypertension Conditions if any which gave rise to the immediate cause, stating the underlying cause last PART II Other significant conditions - Conditions contributing to death but not previously stated in Part I Diabetes Mellitus								Approximate Interval Between Onset and Death immediate	
27 WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) 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>Isidora L. Nantes MD</i>		29c MEDICAL LICENSE NO. 01044666		29d DATE SIGNED (Month, Day, Year) Nov. 26, 2001			
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) ISIDORA L. NANTES, MD 251 W. 84th Drive - Merrillville, IN 46410								32 DATE FILED (Month, Day, Year) November 29, 2001	
31 HEALTH OFFICER'S SIGNATURE <i>Susan J. Best D.O.</i>								32 DATE FILED (Month, Day, Year) November 29, 2001	
33 MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide		34a DATE OF INJURY MAY 22 2001		34b TIME OF INJURY		34c INJURY AT WORK? (Yes or no)		34d DESCRIBE HOW INJURY OCCURRED 006759 11 LP cl-3508	
34g DATE PRONOUNCED DEAD (Month, Day, Year) PEGGY HOLINGA KATONA LAKE COUNTY AUDITOR								34h LOCATION (Street and Number or Rural Route Number, City or Town, State) Y	



2001 MAY 23 11 30 AM '01  
MICHAEL J. ...  
STATE DEPARTMENT OF HEALTH  
LAKE COUNTY RECORDER  
FILED  
MAY 23 2001  
MERRILLVILLE, IN

Central Park Add  
N 17 1/2 ft lot 31  
+ S 15 ft lot 32 in Block 2  
25-42-0059-0034