

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

INDIANA STATE DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH

State No. \_\_\_\_\_

Local No. 537-07

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) <b>Lanora H. Janiga</b>		2. SEX <b>Female</b>		3a. TIME OF DEATH <b>11:05 PM</b>		3b. DATE OF DEATH (Month, Day, Yr.) <b>February 25, 2007</b>	
4. SOCIAL SECURITY NUMBER <b>314-18-9544</b>		5a. AGE-Last Birthday (Years) <b>97</b>		5b. UNDER 1 YEAR Months Days		5c. UNDER 1 DAY Hours Minutes	
6. DATE OF BIRTH (Mo, Day, Yr.) <b>June 22, 1909</b>		7. BIRTHPLACE (City and State or Foreign Country) <b>Oscawissa, Iowa</b>					
8a. WAS DECEASENT A U.S. VETERAN? <b>No</b>		8b. YEAR LAST SERVED IN U.S. ARMED FORCES? <b>N/A</b>		9a. PLACE OF DEATH (Check only one. See instructions.) HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER <input checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify)			
9b. FACILITY NAME (If not institution, give street and number) <b>Hartsfield Village Care Center</b>			9c. CITY, TOWN, OR LOCATION OF DEATH <b>Munster</b>			9d. COUNTY OF DEATH <b>Lake</b>	
10. MARITAL STATUS (Specify) <b>Widowed</b>		11. SURVIVING SPOUSE (If wife, give maiden name) <b>N/A</b>		12a. DECEASENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) <b>Homemaker</b>		12b. KIND OF BUSINESS/INDUSTRY <b>Own Home</b>	
13a. RESIDENCE-STATE <b>Indiana</b>		13b. COUNTY <b>Lake</b>		13c. CITY, TOWN, OR LOCATION <b>Hammond</b>		13d. STREET AND NUMBER <b>7208 Southeastern</b>	
13a. ZIP CODE <b>46324</b>		13f. INSIDE CITY LIMITS <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		14. CITIZEN OF WHAT COUNTRY? <b>USA</b>		15. AS DECEASENT 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) <b>White</b>		17. DECEASENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) <b>12</b> College (1-4 or 5+)					
18. FATHER'S NAME (First, Middle, Last) <b>Forest Gearhart</b>				19. MOTHER'S NAME (First, Middle, Maiden Surname) <b>Dollie Temple</b>			
20a. INFORMANT'S NAME (Type/Print) <b>Christine Bryant</b>			20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) <b>7208 Southeastern, Hammond, IN 46324</b>			20c. Relationship <b>Personal Representative</b>	
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) <b>March 1, 2007 Hillcrest Cemetery</b>		21c. LOCATION-City or Town, State <b>Moravia, Iowa</b>			
22a. EMBALMER'S NAME <b>Edgar C. Gleim</b>		22b. EMBALMER'S LICENSE NO. <b>FD01016173</b>		23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
24a. SIGNATURE OF FUNERAL DIRECTOR <i>Tara J. Wright</i>		24b. LICENSE NUMBER (of Licensee) <b>FD20400058</b>		25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME <b>Kuiper Funeral Home 9039 Kleinman Road Highland, IN 46322</b>		25c. LICENSE NUMBER <b>FH10300021</b>	
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) <b>ALZHEIMER'S DISEASE</b> a. DUE TO (OR AS A CONSEQUENCE OF): b. DUE TO (OR AS A CONSEQUENCE OF): c. DUE TO (OR AS A CONSEQUENCE OF): d. <b>PEGGY HOLINGA KATONA</b> <b>JUL - 2 2007</b>		26. PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I. <b>LEFT LEG ISCHEMIA</b>		27. WAS DECEASENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) <b>NO</b>		28. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) <b>No</b>	
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>James Schwabinger</i>		29c. MEDICAL LICENSE NO. <b>01027487</b>		29d. DATE SIGNED (Month, Day, Year) <b>2/28/07</b>	
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) <b>James B. Waltham 9122 Columbus Ave, Munster, IN 46321</b>							
31. HEALTH OFFICER'S SIGNATURE <i>Susan W. Best</i>						31. DATE FILED (Month, Day, Year) <b>February 28, 2007</b>	
33. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Homicide		34a. DATE OF INJURY (Month, Day, Year)		34b. TIME OF INJURY		34c. INJURY AT WORK? (Yes or no)	
34a. PLACE OF INJURY-At home, farm, street, factory, office building, etc. (Specify)				34. LOCATION (Street and Number or Rural Route Number, City or Town, State) <b>February 26 2007</b>			
34g. DATE PRONOUNCED DEAD (Month, Day, Year)		34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.		<b>003642</b>			