

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.

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No.

Local No.

33055

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

PERMANENT LACK INK

DECEDENT

INFORMANTS

INFORMANT

DISPOSITION

USE OF ATH

CERTIFIER

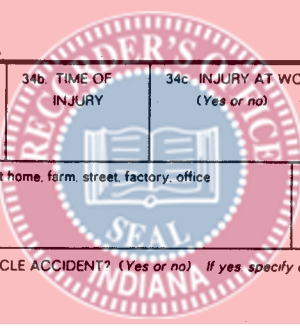
ALTH FICER

1. DECEASED—NAME (First, Middle, Last) William L. Banister			2. SEX Male		3a. TIME OF DEATH 2:21A M		3b. DATE OF DEATH (Month, Day, Yr) October 16, 2004		
4. *SOCIAL SECURITY NUMBER 308-50-9278		5a. AGE—Last Birthday (Years) 57		5b. UNDER 1 YEAR Months Days		5c. UNDER 1 DAY Hours Minutes		6. DATE OF BIRTH (Mo, Day, Yr) Jan, 24, 1947	
7. BIRTHPLACE (City and State or Foreign Country) East Chicago, IN		8a. WAS DECEDENT A U.S. VETERAN? Yes							
8b. YEAR LAST SERVED IN U.S. ARMED FORCES? N.A.		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"/> Residence <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify)							
9b. FACILITY NAME (If not institution, give street and number) 2704 Wicker Ave.					9c. CITY, TOWN, OR LOCATION OF DEATH Highland			9d. COUNTY OF DEATH Lake	
10. MARITAL STATUS (Specify) Married		11. SURVIVING SPOUSE (If wife, give maiden name) Kathryn Crenshaw		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Manager			12b. KIND OF BUSINESS/INDUSTRY Civil		
13a. RESIDENCE—STATE IN		13b. COUNTY Lake		13c. CITY, TOWN, OR LOCATION Highland			13d. STREET AND NUMBER 2704 Wicker Ave		
13e. ZIP CODE 46322		13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		14. CITIZEN OF WHAT COUNTRY? U.S.A.		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. DECEASED'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+)		18. FATHER'S NAME (First, Middle, Last) William I. Banister		19. MOTHER'S NAME (First, Middle, Maiden Surname) Ruth Orr			20. DECEASED'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+)		
20a. INFORMANT'S NAME (Type/Print) Kathryn Banister			20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2704 Wicker Ave. Highland, IN 46322			20c. Relationship Wife			
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) October 19, 2004 Abraham Lincoln National Cemetery			21c. LOCATION—City or Town, State Elwood, IL			
22a. EMBALMER'S NAME James Porras			22b. EMBALMER'S LICENSE NO. 1045964		23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				
24a. SIGNATURE OF FUNERAL DIRECTOR <i>Burt Banister</i>			24b. LICENSE NUMBER (of Licensee) 8601763		25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Burns-Kish Funeral Home #8800135 921 W. 45th St. Griffith, IN 46319				
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) X END STAGE LIVER DISEASE DUE TO (OR AS A CONSEQUENCE OF) CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE, STATING THE UNDERLYING CAUSE LAST DUE TO (OR AS A CONSEQUENCE OF) DUE TO (OR AS A CONSEQUENCE OF) PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I.									
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 (On the basis of a personal or telephonic examination at the time, date, and place, and due to the cause(s) as stated.) <input type="checkbox"/> HEALTH OFFICER (On the basis of a personal or telephonic examination, 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>Peggy Holinga Katona</i>			29c. MEDICAL LICENSE NO. 1031582			29d. DATE SIGNED (Month, Day, Year) Oct. 20, 2004			
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) L. Munn, M.D. 600 Superior Ave. Munster, IN 46321									
31. HEALTH OFFICER'S SIGNATURE <i>Burt Banister</i>			32. DATE SIGNED (Month, Day, Year) October 20, 2004						
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)		
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) 023898				
34g. DATE PRONOUNCED DEAD (Month, Day, Year)			34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.						



Parcel # 16-27-153

STATE OF INDIANA
LAKE COUNTY
FILED
OCT 20 2004
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