



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

Local No. 0060-08

State No.

1. Decedent's Legal Name (First, Middle, Last) ROBERT J. JANAS				1a. Maiden Last Name (If Female) 2008 020841		2. Sex MALE		3. Time Of Death 8:46A.M.		4. Date Of Death (Month/Day/Year) JANUARY 3, 2008	
5. Social Security Number 317-32-7159		6a. Age - Yrs 72		6b. Under 1 Year Months		6c. Under 1 Month Days		6d. Under 1 Day Hours		6e. Under 1 Hour Minutes	
7. Date Of Birth (Month/Day/Year) MARCH 16, 1935				8. Birthplace (City And State Or Foreign Country) WHITING, INDIANA							
9. Ever In U.S. Armed Forces? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		10. If Death Occurred In A Hospital: <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Department Outpatient <input type="checkbox"/> Dead On Arrival				10a. If Death Occurred Somewhere Other Than A Hospital: <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Nursing Home/Long-Term Care Facility <input type="checkbox"/> Other (Specify)					
11. Facility Name (If Not Institution, Give Street And Number) ST. MARGARET MERCY HEALTHCARE CENTER, 5454 HOHMAN AVENUE											
12. City Or Town, State, And Zip Code HAMMOND, INDIANA 46320						13. County Of Death			14. Marital Status At Time Of Death <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown		
15. Surviving Spouse's Name MARCIA A. JANAS				15a. (If Wife) Give Maiden Last Name LISZCZAK		16. Decedent's Usual Occupation FOREMAN			17. Kind Of Business/Industry OIL REFINERY		
18. Residence - State INDIANA			18a. County LAKE			18b. City Or Town HAMMOND					
18c. Street And Number 3810 CAMERON AVENUE						18d. Apt. No.		18e. Zip Code 46327		18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
19. Decedent's Education 12 YEARS			20. Decedent Of Hispanic Origin NO			21. Decedent's Race WHITE					
22. Father's Name (First, Middle, Last) MICHAEL JANAS				23. Mother's Name (First, Middle, Last) VIRGINIA JANAS				23a. Mother's Maiden Last Name MISH			
24. Informant's Name MRS. MARCIA A. JANAS			24a. Relationship To Decedent WIFE			24b. Mailing Address (Street And Number, City, State, Zip Code) 3810 CAMERON AVE., HAMMOND, IND. 46327					
25a. Method Of Disposition: <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal From State <input type="checkbox"/> Other (Specify):			25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) JANUARY 7, 2008 HOLY CROSS CEMETERY			25c. Location - City, Town, And State CALUMET CITY, ILLINOIS					
26. Was Coroner Contacted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility BARAN & SON, INC., 1235-119TH ST., WHITING, IN 46394						27a. Funeral Home License Number: FDH83007267			
27b. Signature Of Indiana Funeral Service Licensee: <i>[Signature]</i>						27c. License Number (Of Licensee): FDE01019456					
28. Part I. Enter The Chain Of Events—Diseases, Injuries, Or Complications—That Directly Caused The Death, Do Not Enter Terminal Events Such As Cardiac Arrest, Respiratory Arrest, Or Ventricular Fibrillation Without Showing The Etiology. Do Not Abbreviate. Enter Only One Cause On A Line. Add Additional Lines If Necessary. Approximate Interval: Onset To Death											
Immediate Cause (Final Disease Or Condition Resulting In Death) A. <u>Lactic Acidosis</u> Due To (Or As A Consequence Of):											
Sequentially List Conditions, If Any, Leading To The Cause Listed On Line A. Enter The Underlying Cause (Disease Or Injury That Initiated The Events Resulting In Death) Last B. <u>hypotension</u> Due To (Or As A Consequence Of):											
C. <u>GI bleed</u> Due To (Or As A Consequence Of):											
D.											
Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I						29. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
30. Were Autopsy Findings Available To Complete The Cause Of Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No											
31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown			32. If Female: <input type="checkbox"/> Not Pregnant Within Past Year <input type="checkbox"/> Pregnant At Time Of Death <input type="checkbox"/> Not Pregnant, But Pregnant Within 42 Days Of Death <input type="checkbox"/> Not Pregnant, But Pregnant 43 Days To 1 Year Before Death <input type="checkbox"/> Unknown If Pregnant Within The Past Year			33. Manner Of Death: <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could Not Be Determined					
34. Date Of Injury (Month/Day/Year)			35. Time Of Injury			36. Place Of Injury (E.G., Decedent's Home, Construction Site, Restaurant, Wooded Area)			37. Injury At Work? <input type="checkbox"/> Yes <input type="checkbox"/> No		
38. Location Of Injury - State			38a. City Or Town			38b. Street & Number			38c. Apt. No.		38d. Zip Code
39. Describe How Injury Occurred PEGGY HOLINGA KATONA 3784 LAKE COUNTY AUDITOR						40. If Transportation Injury, Specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)					
41. Signature Of Person Certifying Cause Of Death: <i>Kristoph Gritz M.D.</i>						42. Certifier (Check Only One) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer					
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: KRISTOPH GIRITZ, M.D., 222 DOUGLAS, HAMMOND, IN 46320						44. License Number 0105792A			45. Date Certified JAN. 7, 2008		
46. Additional Funeral Service Provider:						47. *Akas:					
48. Signature of Local Health Officer: <i>Susan W. Best, D.O.</i>						49. For Registrar Only - Date Filed (Month/Day/Year): January 10, 2008					