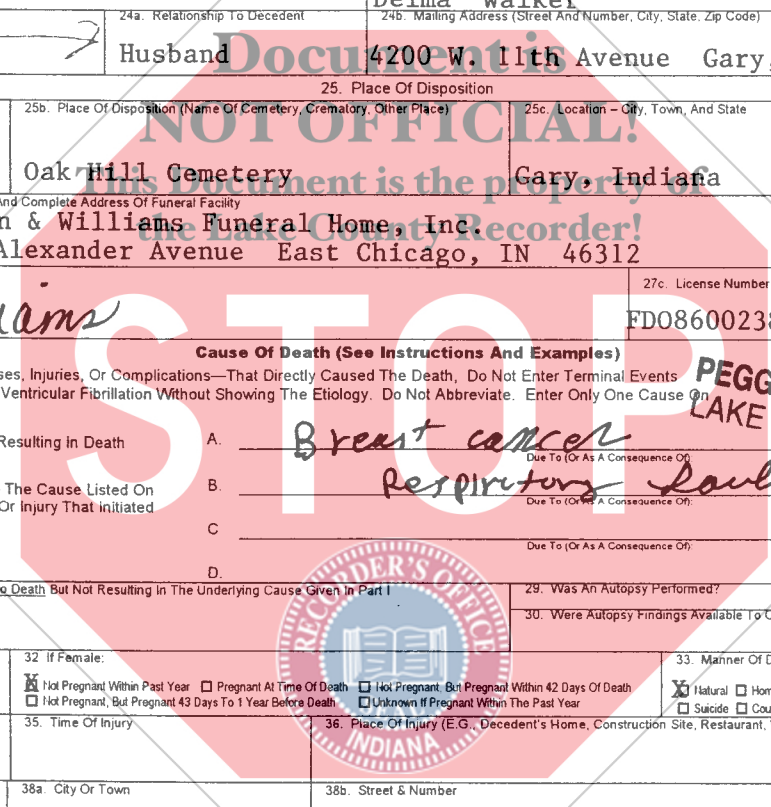




INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Local No. 3960-08 Parcel # 45-08-07-131-023.000-004 State No.

1. Decedent's Legal Name (First, Middle, Last) Joritha L. Harper Walker
2. Sex Female
3. Time Of Death 7:51PM
4. Date Of Death (Month/Day/Year) November 3, 2008
5. Social Security Number 311-36-4828
6a. Age - Yrs 75
7. Date Of Birth (Month/Day/Year) September 4, 1933
8. Birthplace (City And State Or Foreign Country) East Chicago, Indiana
10. If Death Occurred In A Hospital: [X] Inpatient
11. Facility Name (If Not Institution, Give Street And Number) Methodist Hospital Southlake Campus
12. City Or Town, State, And Zip Code Merrillville Lake
13. County Of Death Lake
14. Marital Status At Time Of Death [X] Married
15. Surviving Spouse's Name James L. Harper
15a. (If Wife) Give Maiden Last Name N/A
16. Decedent's Usual Occupation Teacher
17. Kind Of Business/Industry Chicago Public Schools
18. Residence - State Indiana
18a. County Lake
18b. City Or Town Gary
18c. Street And Number 4200 W. 11th Avenue
18d. Apt. No.
18e. Zip Code 46404
18f. Inside City Limits? [X] Yes
19. Decedent's Education Bachelor's Degree
20. Decedent Of Hispanic Origin No
21. Decedent's Race Black
22. Father's Name (First, Middle, Last) John Walker
23. Mother's Name (First, Middle, Last) Delma Walker
23a. Mother's Maiden Last Name
24. Informant's Name James L. Harper
24a. Relationship To Decedent Husband
24b. Mailing Address (Street And Number, City, State, Zip Code) 4200 W. 11th Avenue Gary, Indiana 46404
25. Place Of Disposition Oak Hill Cemetery Gary, Indiana
25a. Method Of Disposition [X] Burial
26. Was Coroner Contacted? [X] No
27. Name And Complete Address Of Funeral Facility Hinton & Williams Funeral Home, Inc. 4859 Alexander Avenue East Chicago, IN 46312
27a. Funeral Home License Number:
27b. Signature Of Indiana Funeral Service Licensee: Tracy Cheri Williams
27c. License Number (Of Licensee): FDO8600238
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.
Immediate Cause (Final Disease Or Condition Resulting In Death) A. Breast cancer
B. Respiratory Failure
29. Was An Autopsy Performed? [X] No
30. Were Autopsy Findings Available To Complete The Cause Of Death? [X] No
31. Did Tobacco Use Contribute To Death? [X] No
32. If Female: [X] Not Pregnant Within Past Year
33. Manner Of Death: [X] Natural
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? [X] No
38. Location Of Injury - State
38a. City Or Town
38b. Street & Number
38c. Apt. No.
38d. Zip Code 018459
39. Describe How Injury Occurred
40. If Transportation Injury, Specify: [X] Driver/Operator
41. Signature, Of Person Certifying Cause Of Death: [Signature]
42. Certifier (Check Only One) [X] Certifying Physician
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: Dr. Upper Alobud 8300 Broadway Ste A-1 M'ville, IN 01058415A
44. License Number 46410
45. Date Certified 11-5-08
46. Additional Funeral Service Provider:
47. *Akas:
48. Signature of Local Health Officer: Susan W. Best, D.O.
49. For Registrar Only - Date Filed (Month/Day/Year): November 6, 2008



FILED NOV 12 2008 PEGGY HOLINGA KATONA LAKE COUNTY AUDITOR