



INDIANA STATE DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH

6

Local No 4357-09

State No

1. Decedent's Legal Name (First, Middle, Last) <b>Elizabeth Lalwani</b>				1a. Maiden Last Name (If Female) <b>Krahulec</b>		2. Sex <b>Female</b>	3. Time of Death <b>9:52 AM</b>	4. Date of Death (Month/Day/Year) <b>December 16, 2009</b>	
5. Social Security Number <b>330-34-2297</b>	6a. Age - Yrs <b>71</b>	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) <b>October 25, 1938</b>		8. Birthplace (City And State Or Foreign Country) <b>Oaklawn, Illinois</b>	
9. Ever In U.S. Armed Forces? <input type="checkbox"/> Yes <input checked="" 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) <b>Methodist Hospital Southlake Campus</b>									
12. City Or Town, State, and Zip Code <b>Merrillville, Indiana 46410</b>					13. County Of Death <b>Lake</b>		14. Marital Status At Time Of Death <input type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input type="checkbox"/> Divorced <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown		
15. Surviving Spouse's Name <b>Narain Lalwani</b>			15a. (If Wife) Give Maiden Last Name <b>N/A</b>		16. Decedent's Usual Occupation <b>Homemaker</b>		17. Kind Of Business/Industry <b>Own home</b>		
18. Residence - State <b>Indiana</b>		18a. County <b>Lake</b>			18b. City Or Town <b>Crown Point</b>				
18c. Street And Number <b>12430 Cedar Lake Rd.</b>					18d. Apt. No. <b>N/A</b>		18e. Zip Code <b>46307</b>		18f. Inside City Limits? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
19. Decedent's Education <b>12</b>		20. Decedent Of Hispanic Origin <b>Non-Hispanic</b>			21. Decedent's Race <b>Caucasian</b>				
22. Father's Name (First, Middle, Last) <b>George Krahulec</b>				23. Mother's Name (First, Middle, Last) <b>Louise Krahulec</b>			23a. Mother's Maiden Last Name <b>Tvrdik</b>		
24. Informant's Name <b>Narain Lalwani</b>		24a. Relationship To Decedent <b>Husband</b>		24b. Mailing Address (Street And Number, City, State, Zip Code) <b>12430 Cedar Lake Rd. Crown Point, Indiana 46307</b>					
25a. Method Of Disposition <input type="checkbox"/> Burial <input checked="" 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) <b>Geisen Cremation Centre</b>		25c. Location - City, Town, And State <b>Crown Point, Indiana</b>		27a. Funeral Home License Number: <b>FH19900060</b>			
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility <b>Geisen Funeral Home, Crown Point 606 E. 113th Ave. Crown Point, Indiana 46307</b>				27c. License Number (Of Licensee): <b>FD29700007</b>			
27b. Signature Of Indiana Funeral Service Licensee: <i>Michelle L Katsaros</i>		27c. License Number (Of Licensee): <b>FD29700007</b>		27d. Funeral Home License Number: <b>FH19900060</b>					
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. <b>Cause Of Death (See Instructions And Examples)</b> Immediate Cause (Final Disease Or Condition Resulting In Death) A. <b>Lymphoma</b> 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. <b>Respiratory Failure</b> Due To (Or As A Consequence Of): C. _____ 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 checked="" 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 This 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 checked="" type="checkbox"/> No				
38. Location Of Injury - State		38a. City Or Town <b>JAN 08 2010</b>			38b. Street & Number		38c. Apt. No.		38d. Zip Code <b>110</b>
39. Describe How Injury Occurred <b>PEGGY HOLINGA KATONA LAKE COUNTY AUDITOR</b>					40. If Transportation Injury, Specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify) <b>CS</b> <b>RM</b>				
41. Signature, Of Person Certifying Cause Of Death: <i>Michelle</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: <b>Yaser Alobeid, 8300 Broadway, Merrillville, IN 46410</b>					44. License Number <b>01058415A</b>		45. Date Certified <b>12-21-09</b>		
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): <b>December 23, 2009</b> <b>25104A</b>				

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