



45-16-08-304-016-000-042
**INDIANA STATE DEPARTMENT OF HEALTH
 CERTIFICATE OF DEATH**

Local No **000148**

EDR No **00000202508**

State No **024623**

Decedent's Legal Name (First, Middle, Last) LORRAINE ZAKULA				1a. Maiden Name (If female) SMYTH		2. Sex FEMALE	3. Time Of Death 05:25 AM	4. Date Of Death (Month/Day/Year) 06/02/2011		
5. Social Security Number 307-20-1738		6a. Age - Yrs 87	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) 04/26/1924		8. Birthplace (City and State or Foreign Country) CHICAGO, IL	
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 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 checked="" type="checkbox"/> Nursing Home/Long-term Care Facility <input type="checkbox"/> Other (Specify)				
11. Facility Name (If Not Institution, Give Street and Number) MILLER'S MERRY MANOR-GARRETT										
12. City Or Town, State, And Zip Code GARRETT, IN, 46738					13. County Of Death DEKALB		14. Marital Status At Time Of Death <input type="checkbox"/> Married <input type="checkbox"/> Married & Separated <input type="checkbox"/> Divorced <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown			
15. Surviving Spouse's Name			15a. (If Wife) Give Maiden Last Name			16. Decedent's Usual Occupation HOMEMAKER		17. Kind Of Business/Industry HOMEMAKER		
18. Residence - State INDIANA		18a. County DEKALB		18b. City Or Town GARRETT		18d. Apt. No.	18e. Zip Code 46738	18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
13c. Street And Number 1367 SOUTH RANDOLPH STREET										
19. Decedent's Education HIGH SCHOOL GRADUATE OR GED COMPLETED			20. Decedent Of Hispanic Origin NOT HISPANIC			21. Decedent's Race White				
22. Father's Name (First, Middle, Last) WALDO SMYTH				23. Mother's Name (First, Middle, Last) EDNA SMYTH			23a. Mother's Maiden Last Name SHEETS			
24. Informant's Name PAM SMITH		24a. Relationship To Decedent DAUGHTER		24b. Mailing Address (Street And Number, City, State, Zip Code) 5010 NORTH WEIR DRIVE, MUNCIE, IN 47304						
25. Place Of Disposition										
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) RIDGELAWN CEMETERY			25c. Location - City, Town, And State GARY, IN					
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility GEISEN FUNERAL HOME, CROWN POINT, 606 EAST 113TH AVENUE, CROWN POINT IN 46307					27a. Funeral Home License Number FH19900060			
27b. Signature Of Indiana Funeral Service Licensee LARRY ALLEN GEISEN, BY ELECTRONIC SIGNATURE				27c. License Number (Of Licensee) FD09000013						
Cause Of Death (See Instructions And Examples)										
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. SUDDEN CARDIAC DEATH			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. MYOCARDIAL INFARCTION			Due to (Or As A Consequence Of):			
				C. CORONARY ARTERY DISEASE			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 DEMENTIA, TYPE II DIABETES MELLITUS						29. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		30. Were Autopsy Finding Available To Complete The Cause Of Death? <input type="checkbox"/> Yes <input type="checkbox"/> No		
31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input checked="" 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 12 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						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: EMILIO J. VAZQUEZ, BY ELECTRONIC SIGNATURE						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: EMILIO J. VAZQUEZ, 409 E. WASHINGTON STREET, PO BOX 10, BUTLER, IN 46721						44. License Number 01048856A		45. Date Certified 06/06/2011		
46. Additional Funeral Service Provider:						47. *Akas				
48. Signature of Local Health Officer: MARK S. SOUDER, VIA ELECTRONIC SIGNATURE						49. For Registrar Only Filed (Month/Day/Year): JUN 06 2011				

2011 DECEMBER 7 AM 10:24
 MICHELE REICHMANN
 STATE OF INDIANA
 DEPARTMENT OF HEALTH
 FILED
 APPROXIMATE INTERVAL ONSET TO DEATH
 MINUTES
 DAYS
 YEARS



004657

FILED
DEC 07 2011
PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR