

NOT AN OFFICIAL DOCUMENT



INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Tracking No. 299079

Local No		EDR No 000010090501		State No 2000-027678	
1. Decedent's Legal Name (First, Middle, Last) JAMES J LOUIS		1a. Maiden Name (if female)		2. Gender Male	3. Time Of Death 09:40 PM
5. Social Security Number 83	6a. Age - Yrs 83	6b. Under 1 Year Months	6c. Under 1 Month Days	6d. Under 1 Day Hours	6e. Under 1 Hour Minute
7. Date of Birth (Month/Day/Year) 01/23/1917			8. Birthplace (City and State or Foreign Country) , Indiana		
9. Ever in U.S.A.Med Forces? <input 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 checked="" 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)					
12. City Or Town, State, And Zip Code Crown Point, Indiana			13. County Of Death Lake		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		15a. Last Name Before First Marriage		16. Decedent's Usual Occupation	
17. Kind Of Business/Industry		18. Residence - State IN		18a. County Lake	
18b. City Or Town Crown Point		18c. Apt. No.		18e. Zip Code 46307	
18f. Inlets City Limits? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
19. Decedent's Education Unknown			20. Decedent Of Hispanic Origin White		
22. Parent's Name (First, Middle, Last) JOHN LOUIS		23. Parent's Name (First, Middle, Last) MARY		23c. Parent's Last Name Before First Marriage MERL	
24. Informant's Name		24a. Relationship To Decedent		24b. Mailing Address (Street And Number, City, State, Zip Code)	
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)		25c. Location - City, Town, And State	
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility		27a. Funeral Home License Number	
27b. Signature Of Indiana Funeral Service Licensee:		Electronically Signed		27c. License Number Of Licensee:	
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. _____					
B. _____					
C. _____					
D. _____					
28. Part II. Enter The Underlying Cause (Disease Or Injury That Initiated The Events Resulting In Death) Last					
29. 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					
30. Will An Autopsy Be Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
31. Did Tobacco Use Contribute To Death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input 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"/> Pregnant, But Pregnant 43 Days To 1 Year Before Death <input type="checkbox"/> Unknown If Pregnant Within One 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. Adm. No.		38d. Zip Code	
39. Describe How Injury Occurred		39a. City Or Town		39b. Street & Number	
40. Is Transportation Injury Suspect? <input type="checkbox"/> Driver/Operator <input checked="" type="checkbox"/> NOT VALID UNLESS					
41. Signature, Of Person Certifying Cause Of Death:					
42. Name, Address And Zip Code Of Person Certifying Cause Of Death:					
43. Additional Funeral Service Provider:					
44. Signature of Local Health Officer: SUSAN W. BEEST					
45. Certifier (Check Only One): <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer					
46. For Registrar Only - Date Filed (Month/Day/Year) 07/11/2000					

THIS IS A TRUE COPY OF
 THE RECORD CONTAINED IN THE
 OFFICIAL RECORDS OF THE
LAKE COUNTY HEALTH DEPARTMENT
 NOV 05 2021
 ELECTRONICALLY SIGNED
 LAKE COUNTY HEALTH OFFICER

NOT AN OFFICIAL DOCUMENT

INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Tracking No. 229531



Local No 001414

EDR No 00000771451

State No 018699

1. Decedent's Legal Name (First, Middle, Last) ELIZABETH MARY LOUIS		1a. Maiden Name (if female) RETTIG		2. Sex FEMALE	3. Time of Death 09:30 PM	4. Date of Death (Month/Day/Year) 04/05/2020	
5. Social Security Number 6a. Age - Yrs 100	6b. Under 1 Year Months Days	6c. Under 1 Month Days	6d. Under 1 Day Hours	6e. Under 1 Hour Minutes	7. Date of Birth (Month/Day/Year) 04/23/1919		8. Birthplace (City and State and Foreign Country) CROWN POINT, IN
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 or Arrive		10a. If Death Occurred Somewhere Other Than A Hospital <input type="checkbox"/> Hospice Facility <input checked="" 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) 304 EAST SOUTH STREET				12. City Or Town, State, And Zip Code CROWN POINT, IN, 46307	13. County Of Death LAKE		14. Marital Status At Time Of Death <input 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
16. Burial/Inhumation Society's Name		16a. Last Name Before First Marriage		16b. Decedent's Usual Occupation CLERK		17. Kind Of Business/Industry GOVERNMENT	
18. Residence - State INDIANA		18a. County LAKE		18b. City Or Town CROWN POINT			
18c. Street And Number 304 EAST SOUTH STREET		18d. Apt. No.	18e. Zip Code 46307		18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
19. Decedent's Education HIGH SCHOOL GRADUATE OR GED COMPLETED		20. Decedent Of Hispanic Origin NOT HISPANIC		21. Decedent's Race White			
22. Parent's Name (First, Middle, Last) FRANK RETTIG		23. Parent's Name (First, Middle, Last) ANGELINE RETTIG		24. Parent's Last Name Before First Marriage HUBER			
24a. Informant's Name JOHN LOUIS		24b. Relationship To Decedent SON		24c. Mailing Address (Street And Number, City, State, Zip Code) 304 EAST SOUTH STREET, CROWN POINT, IN 46307			
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) ST MARY'S CEMETERY		25c. Location - City, Town, And State CROWN POINT, IN			
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility GEISEN FUNERAL, CREMATION & RECEPTION CENTRE, 500 EAST 113TH AVENUE, CROWN POINT, IN 46307				27a. Funeral Home License Number: FH10700031	
28. Signature Of Indiana Funeral Director/Licentiate LARRY ALLEN GEISEN, BY ELECTRONIC SIGNATURE		27c. License Number (Of Licentiate) FD09000113		28. Part I Enter The Chain Of Events - Diseases, Injuries, Or Complications - That Directly Caused The Death. Do Not Enter Terminal Events. This IS A TRUE COPY OF THE RECORD ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT. APR 14 2021. Approximate Interval: Onset To Death: SEVERAL MONTHS. Cause Of Death (See Instructions And Examples): A. MALIGNANT NEOPLASM OF COLON. B. C. D. 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. LAKE COUNTY HEALTH DEPARTMENT			
28. Part II Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I		29. Was 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 type="checkbox"/> No <input type="checkbox"/> Unknown		32. If Female: <input type="checkbox"/> Not Pregnant With Fetus <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 Year		33. Manner Of Death: <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Poisoning <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		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		NOT VALID UNLESS			
41. Signature, Of Person Certifying Cause Of Death: TEOFILO S VINLUAN, BY ELECTRONIC SIGNATURE		42. Certifier (Check City/County): <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: TEOFILO S VINLUAN, 261 TALL TIMBERS COURT, VALPARAISO, IN 46385			
44. Additional Funeral Service Provider:		44. License Number 01057042A		45. Date Certified 04/07/2020			
46. Signature of Local Health Officer: CHANDANA VAVILALA, VIA ELECTRONIC SIGNATURE		46. For Registrar Only AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)		47. Date Filed (Month/Day/Year): APR 13 2020			