

2899

Herman Barber City
101 S. Main St.
Chicago Heights, Ill

TYPE OR PRINT
PLAINLY WITH
UNFADING INK
THIS IS A
PERMANENT
RECORD

Help for State Office Use

L. MILLER

Local No. 509-68

INDIANA STATE BOARD OF HEALTH
CORONER'S CERTIFICATE OF DEATH

Death No.

PERMANENT INK
SEE HANDBOOK FOR
INSTRUCTIONS

DECEASED - NAME FIRST MIDDLE LAST SEX DATE OF DEATH (MONTH, DAY, YEAR)
1. John Walter Pearson 2. M 3. 10/16/68

RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY) AGE (LAST BIRTHDAY) (YEARS) (MOS) (DAYS) (HOURS) (MIN) DATE OF BIRTH (MONTH, DAY, YEAR) COUNTY OF DEATH
4. White 5a. 57 5b. 5c. 6. 2/9/11 7a. Lake

CITY, TOWN, OR LOCATION OF DEATH INSIDE CITY LIMITS (SPECIFY YES OR NO) HOSPITAL OR OTHER INSTITUTION - NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)
7b. Dyer 7c. yes 7d.

STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) CITIZEN, OF WHAT COUNTRY 7e. Illinois 9. US 7f. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 10. Married 11. Priscilla Johnson SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)

USUAL RESIDENCE WHERE DECEASED LIVED, IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION SOCIAL SECURITY NUMBER USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, IF RETIRED) KIND OF BUSINESS OR INDUSTRY
8. 17. 328-05-9305 12a. Prop. of Bakery 13b. Bakery

RESIDENCE - STATE COUNTY CITY, TOWN OR LOCATION INSIDE CITY LIMITS (SPECIFY YES OR NO) TOWNSHIP
14a. Ill. 14b. Chicago Heights 14c. yes 14d.

STREET AND NUMBER IS RESIDENCE ON A FARM?
141. 1 W. 16th St. (Bus.) 1621 S. Oak St. (Home) 14g. yes [] no []

PARENTS FATHER - NAME FIRST MIDDLE LAST MOTHER - MAIDEN NAME FIRST MIDDLE LAST
15. John Pearson 16. Carlson

INFORMANT - NAME RELATIONSHIP MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)
17a. Priscilla Johnson Pearson, wife 17c. 1621 S. Oak St. Chicago Ill.

PART I DEATH WAS CAUSED BY (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
18. IMMEDIATE CAUSE

(a) Exsanguination 10 minutes

(b) Traumatic Rupture of Heart

(c) Traumatic Rupture of Pulmonary Vein 10 minutes

CONDITIONS IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE, (A) STATING THE UNDERLYING CAUSE LAST

PART II OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE AUTOPSY (YES OR NO) IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH
19a. yes 19b. yes

ACCIDENT SUICIDE HOAID (IF DATE OF INJURY (MONTH, DAY, YEAR) HOUR HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18) OR UNDETERMINED (SPECIFY)
20a. accident 20b. 10-16-68 20c. 1:20 20d. Head-on auto collision

INJURY AT WORK PLACE OF INJURY AT HOME, FARM, STREET LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)
20e. no 20f. 20g. 1/2 mile east of U.S. 41 on Rt. 8

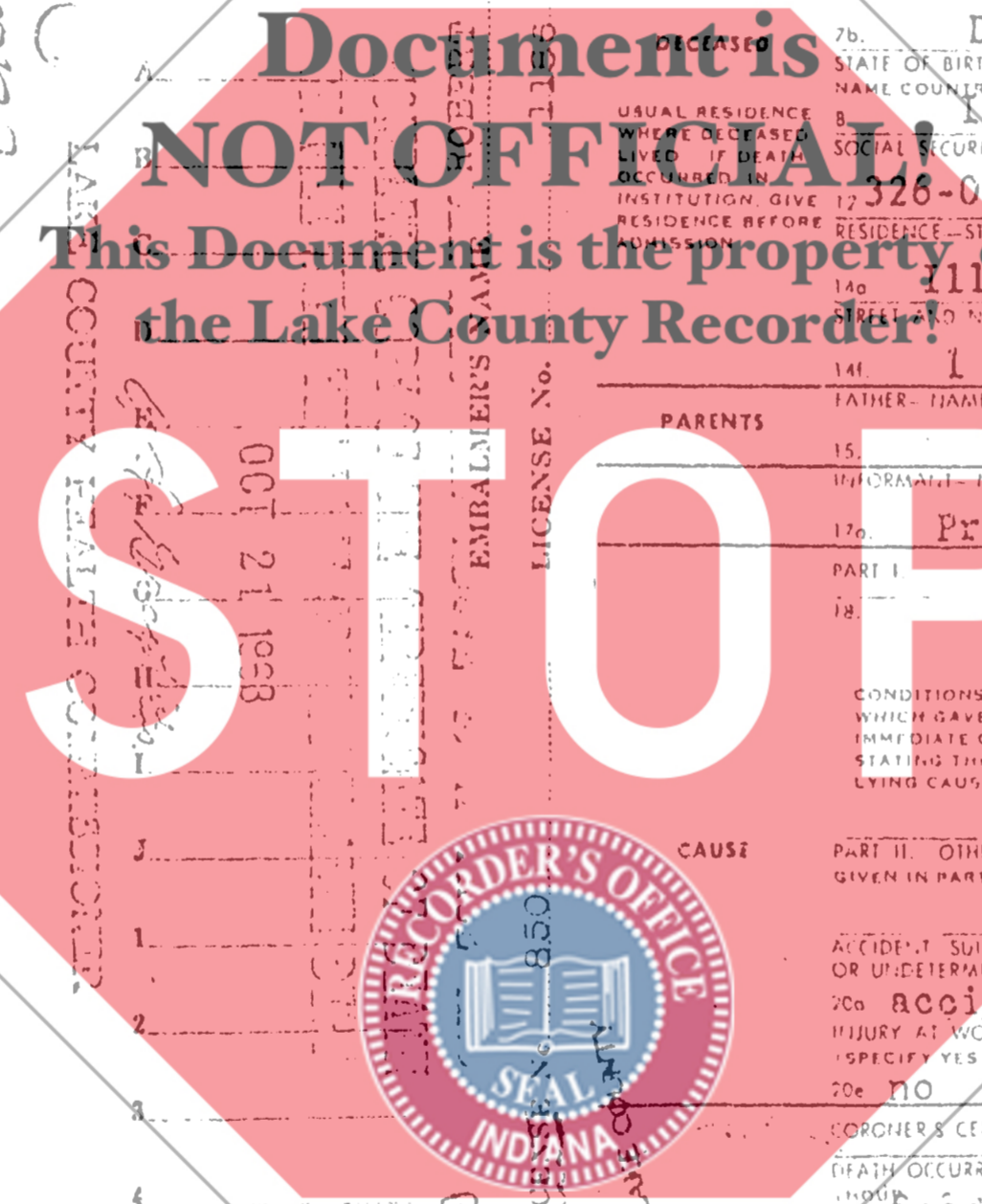
CORONER'S CERTIFICATION R. ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED
DEATH OCCURRED MONTH DAY YEAR HOUR DATE SIGNED (MONTH, DAY, YEAR)
21. 10 16 68 2:30 a.m. 21c. 10-16-68

CERTIFIER - NAME (TYPE OR PRINT) SIGNATURE (LEGIBLE OR TYPE) CITY OR TOWN STATE ZIP
22a. G.A. Babcoke, M.D. 22b. 22c. Cedar Lake Indiana 56303

BURIAL, CREMATION, REMOVAL CEMETERY, CREMATORY, FUNERAL HOME LOCATION CITY OR TOWN STATE FUNERAL HOME NUMBER
23a. BURIAL 23b. SKYLINE MEMORIAL CEM 23c. NONEE ILLINOIS

DATE (MONTH, DAY, YEAR) FUNERAL HOME - NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)
24a. 10-18-1968 24b. AGEN FUNERAL GARDENS 1920 HART ST. DYER IND 46322

FUNERAL DIRECTOR SIGNATURE SIGNATURE OF HEALTH OFFICER DATE RECEIVED BY LOCAL HEALTH OFFICER
25. A.W. Fagan 26. 26b. OCTOBER 18, 1968



FILED

JAN 27 1968

FUNERAL DIRECTOR'S LICENSE NO. 850

ALABAMA

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

JAN 27 9 11 AM '68

ANDREW J. HICENKO
RECORDER

1032