

Dratmans 1 at 8/12/86

# 16-166-12411

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This is an official copy of the record of death to be filed at the Porter County Health Department

FILED  
MAR 10 1986  
Gary A. Babcock, M.D.  
TO LAKE COUNTY

FUNERAL HOME No. 306  
FUNERAL DIRECTOR'S LICENSE No. 2012  
SIGNATURE: Gerald Green

844468

PORTER COUNTY BOARD OF HEALTH  
MEDICAL CERTIFICATE OF DEATH

Rees Funeral Home  
600 W. Ridge Rd.  
Hobart 46342  
GACC

DECEASED - NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH DAY YEAR)	
1		JOHN	LEWIS	BARNEY	Male	3 February 8, 1986	
RACE - 10a (Specify)		AGE - Last Birthday (Year)		DATE OF BIRTH (Mo. Day, Yr.)		COUNTY OF DEATH	
4 White		5a 69		6 July 27, 1916		7a Porter	
CITY, TOWN OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION - Name (if not in index, give street and number)			IF HOSP OR INST indicate DOA OP Time Am. Inpatient (Specify)		
7b Valparaiso		7c Porter Memorial Hospital			7d Inpatient		
STATE OF BIRTH (if not in U.S.A. name country)		CITIZEN OF WHAT COUNTRY		MARRIED NEVER MARRIED WIDOWED DIVORCED (Specify)		WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No)	
8 IN		9 U.S.A.		10 Married		11 Una L. McKee	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			KIND OF BUSINESS OR INDUSTRY		
13 307-01-5135		14a School Custodian			14b Hobart Township School System		
RESIDENCE - STATE		COUNTY		CITY, TOWN OR LOCATION			
15a IN		15b Lake		15c Hobart			
STREET AND NUMBER		IS RESIDENCE ON A FARM?			MODE CITY, TOWN OR STATE (Specify Yes or No)		
15d 1712 East 34th Place		15e YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			NO		
IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN CUBAN, PUERTO RICAN, ETC.							
15g YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
FATHER - NAME		FIRST	MIDDLE	LAST	MOTHER - MAIDEN NAME		
16		Charles L. Barney, (dec.)			17 Rose Taylor (dec.)		
INFORMANT - NAME (Type or Print)		RELATIONSHIP		MAILING ADDRESS		CITY OR TOWN STATE	
18a Una L. Barney, Wife		18b 1712 East 34th Place, Hobart, Indiana 46342		18c Portage, Indiana		STATE	
BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY - FUNERAL HOME			LOCATION CITY OR TOWN STATE		
19a Burial		19b McCool Cemetery			19c Portage, Indiana		
DATE (MONTH DAY YEAR)		FUNERAL HOME - NAME AND ADDRESS			STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP		
20a February 12, 1986		20b Rees Funeral Home, Inc., 600 W. Ridge Rd., Hobart, IN					
To the best of my knowledge death occurred at the time, date and place and due to the cause(s) stated		DATE SIGNED (Mo. Day, Yr.)		HOUR OF DEATH			
21a (Signature) Michael C. Weiss		21b 2/12/86		21c 9:50 p. M			
NAME OF ATTENDING PHYSICIAN (Type or Print)		MAILING ADDRESS - PHYSICIAN					
21d Michael C. Weiss, M.D.		21e 1101 East Glendale, Valparaiso, Indiana 46383					
HEALTH OFFICER'S SIGNATURE		DATE RECEIVED BY LOCAL HEALTH OFFICER					
22a Gary A. Babcock, MD		22b 2-18-86					
CONDITIONS if any WHICH GAVE RISE TO IMMEDIATE CAUSE - STATING THE UNDERLYING CAUSE LAST		PART I (a) Respiratory arrest			Interval between onset and death 20 Min.		
		(b) Advanced obstructive airway disease with respiratory failure			Interval between onset and death		
		(c) Pneumonia; Acute, massive gastric hemorrhage			Interval between onset and death		
OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I (a)		AUTOPSY (Specify Yes or No)					
		24 No					

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