

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

921057

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

D.W. Ford Legal Serv.
1965 Bernice Rd
Lansing, ILL. 60438

Local No. 13-76

State No.

PERMANENT INK
SEE HANDBOOK FOR
INSTRUCTIONS

DECEASED—NAME 1. Doin Barry			SEX 2. Male	DATE OF DEATH (MONTH, DAY, YEAR) 3. January 6, 1976
RACE 4. White	AGE—LAST BIRTHDAY (YEARS) 5a. 81	UNDER 1 YEAR MOB. DAYS 5b.	UNDER 1 DAY HOURS MIN. 5c.	DATE OF BIRTH (MONTH, DAY, YEAR) 6. 11/6/94
CITY, TOWN, OR LOCATION OF DEATH 7b. Dyer		INSIDE CITY LIMITS (SPECIFY YES OR NO) 7c. Yes	HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 7d. Our Lady of Mercy Hospital	
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) 8. Indiana		CITIZEN OF WHAT COUNTRY 9. U.S.A.		MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) 10. Nettie Boare
SOCIAL SECURITY NUMBER 12. 312-09-3546		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) 13a.		KIND OF BUSINESS OR INDUSTRY 13b.
RESIDENCE—STATE 14a. Indiana	COUNTY 14b.	CITY, TOWN OR LOCATION 14c. Crown Point	INSIDE CITY LIMITS (SPECIFY YES OR NO) 14d.	TOWNSHIP 14e.
STREET AND NUMBER 14f. 8600 Burr St.		14g. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes		15. RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
FATHER—NAME 15. Archibald Barry		MOTHER—MAIDEN NAME 16. Margaret Snyder		
DECEASED'S NAME 17a. Nettie Barry		RELATIONSHIP 17b. Wife	MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 17c. Shererville, Indiana	

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) Bronchogenic carcinoma left lung		5 months
(b) DUE TO, OR AS A CONSEQUENCE OF		
(c) DUE TO, OR AS A CONSEQUENCE OF		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (A)		

DATE & TIME OF DEATH 20. January 6, 1976	DATE SIGNED 21a. Jan 20, 1976	SIGNATURE OF PHYSICIAN 21b. Charles D. Egnatz, M.D.	PHYSICIAN'S CODE NO. 21c. 234
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PHYSICIAN'S NAME (TYPE OR PRINT) LAST IN ATTENDANCE 22a. Charles D. Egnatz, M.D.	STREET OR R.F.D. NO. 23. U.S. 41 at Route 30	CITY OR TOWN 23b. Schererville, Indiana	STATE 23c. Indiana
BURIAL, CREMATION, REMOVAL (SPECIFY) 24a. Burial	CEMETERY, CREMATORY, FUNERAL HOME 24b. St. Joseph's Cemetery	LOCATION 24c. Schererville, Indiana	STATE 24d. Indiana
DATE (MONTH, DAY, YEAR) 24e. 1-8-76	FUNERAL HOME—NAME AND ADDRESS 25a. St. Joseph's Cemetery	(STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)	
HEALTH OFFICER'S SIGNATURE 25b. [Signature]		DATE RECEIVED BY LOCAL HEALTH OFFICER 25c. 1-9-76	

Below for State Office Use
KEY 11-15-45
S 130 FT of N 660 FT
of E 550 FT NE NW
S 25 T 35 R 9 1.64 AC

FUNERAL HOME No. 150
FUNERAL DIRECTOR'S LICENSE No. 2472
EMBALMER'S NAME School of Embalmer
FUNERAL DIRECTOR'S SIGNATURE Robert E. H. [Signature]

Disposition Permit Issued / /
Provisional Certificate
 Yes No

FILED

JUN 5 1987

STATE OF INDIANA
FILED
JUN 5 1976
CLERK OF SUPERIOR COURT
RECORDS & ADMINISTRATION
NO. 100
YEAR 1976

Bad Original

400