006731

Lot 17, Shady Lawn, Return to Howard W. Barr 1806 West 124th Ave, Crown Point, In. 46307

INDIANA STATE BOARD OF HEALTH

CERTIFICATE OF DEATH

Local No. 811-88 State No.

Key # 9-421-17

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

1 DECEASED—NAME (First / Middle / Last): Ethel M. (W.) Barr

2 SEX: Female

3 DATE OF DEATH (Month, Day, Year): April 11, 1988

4 SOCIAL SECURITY NUMBER: S305-30-4983

5a AGE—Last Birthday (Years): 79

5b UNDER 1 YEAR (Months / Days):

5c UNDER 1 DAY (Hours / Minutes):

6 DATE OF BIRTH (Month, Day, Year): 1-3-1909

7 BIRTHPLACE (City and State or Foreign Country): Michigan City, IN

8 YEAR LAST SERVED IN US ARMED FORCES?

9a PLACE OF DEATH (Check only one. See instructions): HOSPITAL ☐ Inpatient ☐ ER/Outpatient ☐ DOA; OTHER ☐ Nursing Home ☐ Residence ☒ Other (Specify)

9b FACILITY NAME (If not institution, give street and number): 629 West South Street

9c CITY, TOWN OR LOCATION OF DEATH: Crown Point

9d COUNTY OF DEATH: Lake

10 MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify): Married

11 SURVIVING SPOUSE (If wife, give maiden name): Howard W. Barr

12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Housewife

12b KIND OF BUSINESS/INDUSTRY: At Home

13a RESIDENCE—STATE: Ind.

13b COUNTY: Lake

13c CITY, TOWN, OR LOCATION: Crown Point

13d STREET AND NUMBER: 1806 West 124th Ave.

13e INSIDE CITY LIMITS? (Yes or no): YES

13f FARM: NO

13g ZIP CODE: 46307

14 WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) ☒ No ☐ Yes Specify

15 RACE—American Indian, Black, White, etc. (Specify): White

16 DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 10; College (1-4 or 5+):

PARENTS

17 FATHER'S NAME (First, Middle, Last): Fredrick Washburn

18 MOTHER'S NAME (First, Middle, Maiden Surname): Rosetta Lusher

INFORMANT

19a INFORMANT'S NAME (Type/Print): Howard W. Barr

19b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 1806 West 124th Ave. Crown Point, Indiana 46307

19c Relationship: Husband

DISPOSITION

20a METHOD OF DISPOSITION: ☒ Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)

20b DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory or other place): April 14, 1988 Maplewood Cemetery

20c LOCATION—City or Town, State: Crown Point, Indiana

21a SIGNATURE OF FUNERAL DIRECTOR: [signature]

21b LICENSE NUMBER (of Licensee): FDE1000328

22 NAME, ADDRESS AND LICENSE NUMBER OF FUNERAL HOME: Geisen Funeral Home, Inc.-FDH3001253 109 N East St, Crown Point, IN46307

PRONOUNCING PHYSICIAN ONLY

Complete items 23a-c only when certifying physician is not available at time of death to certify cause of death

23a To the best of my knowledge, death occurred at the time, date and place stated. Signature and Title <

23b LICENSE NUMBER

23c DATE SIGNED (Month, Day, Year)

ITEMS 24-26 MUST BE COMPLETED BY PERSON WHO PRONOUNCES DEATH

24 TIME OF DEATH: 4:20 P.M.

25 DATE PRONOUNCED DEAD (Month, Day, Year): April 11, 1988

26 WAS CASE REFERRED TO MEDICAL EXAMINER/CORONER? (Yes or no): Yes

CAUSE OF DEATH (SEE INSTRUCTIONS)

27 PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.

IMMEDIATE CAUSE (Final disease or condition resulting in death)

a. Laceration of thoracic aorta, inferior vena cava — Approximate Interval Between Onset and Death: Unknown

DUE TO (OR AS A CONSEQUENCE OF)

b. & right atrium & right ventricle of heart with hemopericardium;

DUE TO (OR AS A CONSEQUENCE OF)

c. Bilateral hemothorax; Fracture of right femur

DUE TO (OR AS A CONSEQUENCE OF)

Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST

APR 13 1988

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I

28a WAS AN AUTOPSY PERFORMED? (Yes or no): YES

28b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no): Yes

FILED

NOV 10 1988

CERTIFIER (SEE INSTRUCTIONS)

29a CERTIFIER (Check only one)

☐ CERTIFYING PHYSICIAN (Physician certifying cause of death when another physician has pronounced death and completed Item 23) To the best of my knowledge, death occurred due to the cause(s) and manner as stated.

☐ PRONOUNCING AND CERTIFYING PHYSICIAN (Physician both pronouncing death and certifying cause of death) To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated.

☐ MEDICAL EXAMINER ☒ CORONER ☐ HEALTH OFFICER

On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner as stated.

Anna N. Antone, AUDITOR LAKE COUNTY

29b SIGNATURE AND TITLE OF CERTIFIER: [signature]

29c LICENSE NUMBER: 16120

29d DATE SIGNED (Month, Day, Year): April 12, 1988

30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type/Print): Daniel D. Thomas M. D., 2293 N. Main Street, Crown Point, Indiana 46307

HEALTH OFFICER

31 HEALTH OFFICER'S SIGNATURE: [signature]

32 DATE FILED (Month, Day, Year): 4-13-88

CORONER OR MEDICAL EXAMINER USE ONLY

33 MANNER OF DEATH: ☐ Natural ☐ Pending Investigation ☒ Accident ☐ Suicide ☐ Could not be Determined ☐ Homicide

34a DATE OF INJURY (Month, Day, Year): Apr.11,1988

34b TIME OF INJURY:

34c INJURY AT WORK? (Yes or no): No

34d DESCRIBE HOW INJURY OCCURRED: Auto accident

34e PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify): Street

34f LOCATION (Street and Number or Rural Route Number, City or Town, State): 629 W.South St.,Crown Point,IN

4.00

SBH06-004 State Form 10110 (R/10-87) DEATH A/PD 1

RECORDER LAKE COUNTY — WILLIAM A. BLASTICK