(3) FA-2799

Local No. 2230-83

INDIANA STATE BOARD OF HEALTH
CORONER'S CERTIFICATE OF DEATH

FIRST AMERI... INS. CO.
No. 5285 COMMERCE DR. SUITE 1
CROWN POINT, IN 46307

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

Below for State Office Use

093610

FUNERAL HOME No. 153

LICENSE No. 4496

FUNERAL DIRECTOR'S No. 2037

LICENSE No. 1959

EMBALMER'S NAME E. Eugene Johnson

FUNERAL DIRECTOR'S SIGNATURE E. Eugene Johnson

FILE WITH THE LAKE COUNTY HEALTH DEPT.

Spring Hill Add Unit 1
Lt 23 # 7-406-23

Disposition Permit Issued / /
Provisional Certificate ☐ Yes ☐ No

TYPE OR PRINT IN PERMANENT INK FOR INSTRUCTIONS SEE HANDBOOK

DECEASED

IF DEATH OCCURRED IN INSTITUTION, SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

PARENTS

DISPOSITION

CERTIFIER

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

CAUSE

LAKE COUNTY HEALTH COMMISSIONER

E. Eugene Johnson

Robert E. Corey, M.D.

1 DECEASED—NAME (First, Middle, Last)	Irmagard M. Bayer	2 SEX	Female	3 DATE OF DEATH (Month, Day, Year)	December 7, 1983
4 RACE	White	5a AGE—Last Birthday	54	5b UNDER 1 YEAR (Months, Days)	
5c UNDER 1 DAY (Hours, Minutes)		6 DATE OF BIRTH	5-16-1929	7a COUNTY OF DEATH	Lake
7b CITY, TOWN OR LOCATION OF DEATH	Dyer	7c HOSPITAL OR OTHER INSTITUTION	Our Lady of Mercy Hospital	7d IF HOSP OR INST (Indicate DOA or Emer. Rm., Inpatient)	Emer. Room
8 STATE OF BIRTH	Germany	9 CITIZEN OF WHAT COUNTRY	U.S.A.	10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED	Married
11 SURVIVING SPOUSE	Rudolph Bayer	12 WAS DECEDENT EVER IN U.S. ARMED FORCES?	No		
13 SOCIAL SECURITY NUMBER	306-38-8865	14a USUAL OCCUPATION	Housewife	14b KIND OF BUSINESS OR INDUSTRY	Home
15a RESIDENCE—STATE	Indiana	15b COUNTY	Lake	15c CITY, TOWN OR LOCATION	Schererville
15d STREET AND NUMBER	432 Summer Blvd.	15e IS RESIDENCE ON A FARM?	YES ☐ NO ☒	15f INSIDE CITY LIMITS (Specify Yes or No)	Yes
16 IS DECEASED OF SPANISH DESCENT? (If Yes, specify Mexican, Cuban, Puerto Rican, etc.)	YES ☐ NO ☒				
17 FATHER—NAME (First, Middle, Last)	Franz Hafner	18 MOTHER MAIDEN NAME (First, Middle, Last)	Mary Griler		
19a INFORMANT—NAME (Type or print)	Rudolph Bayer-Husband	19b RELATIONSHIP		19c MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)	432 Summer Blvd., Schererville, Indiana 46375
20a BURIAL, CREMATION, REMOVAL, OTHER (Specify)	Burial	20b CEMETERY OR CREMATORY—FUNERAL HOME	St. John Cemetery	20c LOCATION (City or Town, State)	Hammond, Indiana
20d DATE (Month, Day, Year)	December 10, 1983	20e FUNERAL HOME—NAME AND ADDRESS (Street or R.F.D. No., City or Town, State, Zip)	Huber's Funeral Home, East Chicago, Indiana 46312		
21a 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) stated. Signature		21b DATE SIGNED (Mo., Day, Yr.)	1-17-84	21c HOUR OF DEATH	M
21d DATE PRONOUNCED DEAD (Mo., Day, Yr.)	12-7-83	21e HOUR PRONOUNCED DEAD	11:19 A.M.		
21f NAME AND ADDRESS OF CERTIFIER (Type or Print)	DANIEL D. THOMAS, M.D., 2293 NORTH MAIN ST., CROWN POINT, IN. 46307				
22a HEALTH OFFICER—SIGNATURE	Robert E. Corey M.D.	22b DATE RECEIVED BY LOCAL HEALTH OFFICER	1-17-84		
23 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) AND (c).)					
PART I (a)	Laceration of brain			Interval between onset and death	Undetermined
(b) DUE TO, OR AS A CONSEQUENCE OF	Due to gunshot wound			Interval between onset and death	
(c) DUE TO OR AS A CONSEQUENCE OF				Interval between onset and death	
PART II OTHER SIGNIFICANT CONDITIONS (Conditions contributing to death but not related to cause given in PART I(a))				24 AUTOPSY (Specify Yes or No)	Yes
25a ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)	SUICIDE	25b DATE OF INJURY (Mo., Day, Yr.)	12-7-1983	25c HOUR OF INJURY	M
25d DESCRIBE HOW INJURY OCCURRED	self-inflicted gunshot wound to head				
25e INJURY AT WORK? (Specify Yes or No)	NO	25f PLACE OF INJURY (At home, farm, street, factory, office building, etc. (Specify))	Home	25g LOCATION (Street or R.F.D. No., City or Town, State)	432Summer Blvd.Schererville In 46375

SBH-06 004 REV. 10-77

APR 05 1984 LAKE COUNTY, INDIANA

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