

INDIANA STATE BOARD OF HEALTH

CERTIFICATE OF DEATH

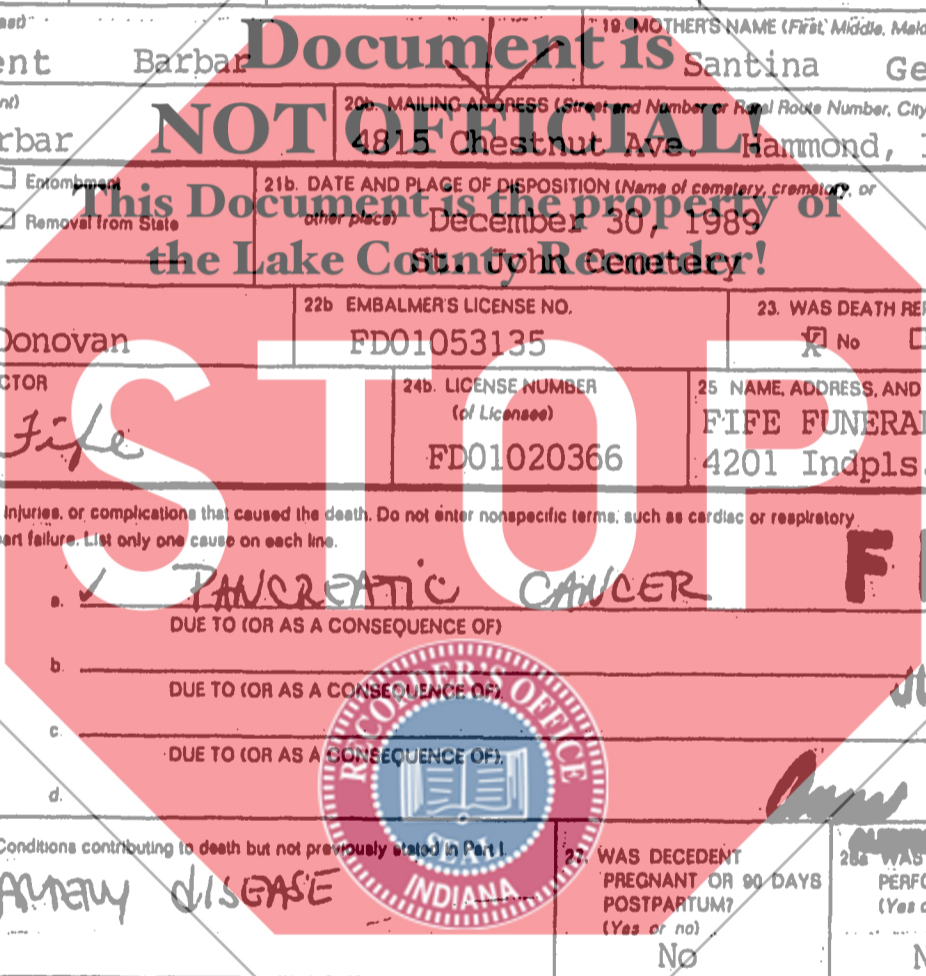
THIS CERTIFIES THE FOLLOWING IS A TRUE AND COMPLETE COPY OF DEATH ON FILE WITH THE HAMMOND HEALTH DEPARTMENT.

Local No. 110820
110620

DEC 29, 1989
Date Issued
Franklin S. Dremuda, M.D.
Hammond Health Commissioner

TYPE/PRINT
IN
PERMANENT
BLACK INK

1. DECEASED—NAME (First, Middle, Last) Frank A. Barbar				2. SEX Male	3a. TIME OF DEATH 10:10a M	3b. DATE OF DEATH (Month, Day, Yr) December 27, 1989	
4. SOCIAL SECURITY NUMBER 312-09-6853		5a. AGE—Last Birthday (Years) 71	5b. UNDER 1 YEAR Months Days	5c. UNDER 1 DAY Hours Minutes	6. DATE OF BIRTH (Mo, Day, Yr) Jan. 21, 1918	7. BIRTHPLACE (City and State or Foreign Country) East Chicago, Indiana	
8a. WAS DECEDENT A US VETERAN? Yes	8b. YEAR LAST SERVED IN U.S. ARMED FORCES? 1946 W.W.II	9a. PLACE OF DEATH (Check only one. See instructions) HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER: <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input checked="" type="checkbox"/> Residence					
9b. FACILITY NAME (If not institution, give street and number) 4815 Chestnut Avenue				9c. CITY, TOWN, OR LOCATION OF DEATH Hammond	9d. COUNTY OF DEATH Lake		
10. MARITAL STATUS (Specify) Married	11. SURVIVING SPOUSE (If wife, give maiden name) Jean S. Bein		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Gas Attendant		12b. KIND OF BUSINESS/INDUSTRY Inland Steel Co.		
13a. RESIDENCE—STATE Indiana		13b. COUNTY Lake	13c. CITY, TOWN, OR LOCATION Hammond		13d. STREET AND NUMBER 4815 Chestnut Avenue		
13e. ZIP CODE 46327	13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes 13g. ON A FARM? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	14. CITIZEN OF WHAT COUNTRY? U.S.A.	15. WAS DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc.)		16. RACE—American Indian, Black, White, etc. (Specify) White		
17. DECEASED'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) <input checked="" type="checkbox"/> 12 College (1-4 or 5+) <input type="checkbox"/>							
18. FATHER'S NAME (First, Middle, Last) Vincent Barbar				19. MOTHER'S NAME (First, Middle, Maiden Surname) Santina Gelsomino			
20a. INFORMANT'S NAME (Type/Print) Jean S. Barbar		20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 4815 Chestnut Ave. Hammond, IND 46327			20c. Relationship Wife		
21a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) December 30, 1989 St. John Cemetery			21c. LOCATION—City or Town, State Hammond, Indiana		
22a. EMBALMER'S NAME Woodrow W. Donovan		22b. EMBALMER'S LICENSE NO. FD01053135		23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
24a. SIGNATURE OF FUNERAL DIRECTOR John J. Fife		24b. LICENSE NUMBER (of Licensee) FD01020366		25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME FIFE FUNERAL HOME, INC. - #FH83001512 4201 Indpls. Blvd. East Chicago, IND.			
26. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter nonspecific terms, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death							
IMMEDIATE CAUSE (Final disease or condition resulting in death)							
a. <input checked="" type="checkbox"/> PANCREATIC CANCER DUE TO (OR AS A CONSEQUENCE OF)							
b. _____ DUE TO (OR AS A CONSEQUENCE OF)							
c. _____ DUE TO (OR AS A CONSEQUENCE OF)							
d. _____ DUE TO (OR AS A CONSEQUENCE OF)							
PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I.							
CORONARY ARTERY DISEASE							
27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) No		28. WAS AN AUTOPSY PERFORMED? (Yes or no) No		29. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) -			
29a. CERTIFIER (Check only one) <input checked="" type="checkbox"/> CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated. <input type="checkbox"/> 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) as stated. <input type="checkbox"/> CORONER 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.							
29b. SIGNATURE AND TITLE OF CERTIFIER Steven A. Corse, D.O.				29c. MEDICAL LICENSE NO. 02000686		29d. DATE SIGNED (Month, Day, Year) 12/28/89	
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Steven A. Corse, D.O. - 1573 N. Cline Avenue Griffith, IND 46319							
31. HEALTH OFFICER'S SIGNATURE Franklin S. Dremuda, M.D.					32. DATE FILED (Month, Day, Year) Dec. 29, 1989		
33. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Homicide		33a. DATE OF INJURY (Month, Day, Year)	33b. TIME OF INJURY	33c. INJURY AT WORK? (Yes or no)	33d. DESCRIBE HOW INJURY OCCURRED		
34a. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)			34f. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
34g. DATE PRONOUNCED DEAD (Month, Day, Year)		34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.					



FILED

JUL 9 1990

Handwritten signature: Steven A. Corse

Key # 36-324-170
White Oak Ave. Bldg.
L11 & N. 3.5 Ft. 682

CORONER USE ONLY