2VL48 ICC 93016160

→ BARBARA BONNER
3711 W. 11th AVE
GARY, IN. 46404

INDIANA STATE BOARD OF HEALTH
CERTIFICATE OF DEATH

Local No. 16934-88 State No. ......

3 Free Veteran

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

Field	Value
1 DECEASED—NAME (First, Middle, Last)	GEORGE BONNER
2 SEX	Male
3 DATE OF DEATH (Mo, Day, Yr)	August 11, 1988
4 SOCIAL SECURITY NUMBER	361-22-2862
5a AGE—Last Birthday (Years)	58
5b UNDER 1 YEAR (Months, Days)	
5c UNDER 1 DAY (Hours, Minutes)	
6 DATE OF BIRTH (Month, Day, Year)	Feb, 18, 1930
7 BIRTHPLACE (City and State or Foreign Country)	Chicago, Illinois
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)	Methodist Hospital, Southlake
9c CITY, TOWN OR LOCATION OF DEATH	Merrillville
9d COUNTY OF DEATH	Lake
10 MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify)	Married
11 SURVIVING SPOUSE (If wife, give maiden name)	Barbara Latham
12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired)	Environmental Supervisor
12b KIND OF BUSINESS/INDUSTRY	Indiana Vocational Technical School
13a RESIDENCE—STATE	Indiana
13b COUNTY	Lake
13c CITY, TOWN OR LOCATION	Gary
13d STREET AND NUMBER	3711 W. 11th Avenue
13e INSIDE CITY LIMITS? (Yes or no)	Yes
13f FARM	No
13g ZIP CODE	46404
14 WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes—If yes, specify Cuban, Mexican, Puerto Rican, etc.)	☒ No ☐ Yes
15 RACE—American Indian, Black, White, etc. (Specify)	Black
16 DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) / College (1-4 or 5+)	

PARENTS

Field	Value
17 FATHER'S NAME (First, Middle, Last)	Charles Bonner
18 MOTHER'S NAME (First, Middle, Maiden Surname)	Mary E. Dabney

INFORMANT

Field	Value
19a INFORMANT'S NAME (Type/Print)	Mrs. Barbara L. Bonner
19b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)	3711 W. 11th Ave., Gary, IN 46404
19c Relationship	Wife

DISPOSITION

Field	Value
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)	August 16, 88 Fern Oaks Cemetery
20c LOCATION—City or Town, State	Griffith, Indiana
21a SIGNATURE OF FUNERAL DIRECTOR	Robert B. Kaufman
21b LICENSE NUMBER (of Licensee)	FDE: 1033626
22 NAME, ADDRESS AND LICENSE NUMBER OF FUNERAL HOME	KAUFMAN, Inc. FDH: 3002411 421 West 5th Ave., Gary, IN 46402

PRONOUNCING PHYSICIAN ONLY

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

Field	Value
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

Field	Value
24 TIME OF DEATH	6:00 A.M.
25 DATE PRONOUNCED DEAD (Month, Day, Year)	August 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.

	Cause	Approximate Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition resulting in death) a.	Asphyxia	Unknown
b. DUE TO (OR AS A CONSEQUENCE OF):	Due to hanging	
c. DUE TO (OR AS A CONSEQUENCE OF):		
d. 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

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

Field	Value
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

CERTIFIER

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.

Field	Value
29b SIGNATURE AND TITLE OF CERTIFIER	Daniel D. Thomas
29c LICENSE NUMBER	16120
29d DATE SIGNED (Month, Day, Year)	August 16, 1988
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type/Print)	Dr. Daniel D. Thomas, M.D. | 2293 N. Main St. | Crown Point, IN 46307

HEALTH OFFICER

Field	Value
31 HEALTH OFFICER'S SIGNATURE	Pearl F. Johnson
32 DATE FILED (Month, Day, Year)	August 16, 1988

CORONER OR MEDICAL EXAMINER USE ONLY

Field	Value
33 MANNER OF DEATH	☐ Natural ☐ Accident ☒ Suicide ☐ Homicide ☐ Pending Investigation ☐ Could not be Determined
34a DATE OF INJURY (Month, Day, Year)	Aug.11, 1988
34b TIME OF INJURY	
34c INJURY AT WORK? (Yes or no)	No
34d DESCRIBE HOW INJURY OCCURRED	Hanging
34e PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)	Jail
34f LOCATION (Street and Number or Rural Route Number, City or Town, State)	2293 N. Main, Crown Point, IN

00695

THIS CERTIFIES THAT THIS IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPT.

Pearl F. Johnson
LAKE COUNTY HEALTH COMMISSIONER

FILED MAR 12 1993 Anna N. Antone AUDITOR LAKE COUNTY

STATE OF INDIANA LAKE COUNTY FILED FOR RECORD MAR 12 2 12 PM '93 SAMUEL ORLICH RECORDER

RECORDER'S OFFICE SEAL INDIANA

SBH06-004 State Form 10110 Rev. 10/87 DEATH/PD.1

3/12/93 Jg 43-162-7 Gary Heights Lots 7 & 8, Bl. 10 6.00