

Gilbert F. Blackmun
9006 Endpls. Blvd
Highland
46322

93018456

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

Local No. 0664-93

State No. 46322

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-19-3

TYPE/PRINT IN PERMANENT BLACK INK

1 DECEASED—NAME (First Middle Last) Vivian Frances Bynley		2 SEX Female	3a TIME OF DEATH 10:06 A.M.	3b DATE OF DEATH (Month Day, Yr) January 8, 1993
4 SOCIAL SECURITY NUMBER 325-26-0339	5a AGE—Last Birthday (Years) 60	5b UNDER 1 YEAR Months Days	5c UNDER 1 DAY Hours Minutes	6 DATE OF BIRTH (Mo Day, Yr) July 3, 1932
7 BIRTHPLACE (City and State or Foreign Country) Chicago, Illinois	8a WAS DECEDENT A US VETERAN? No			
8b YEAR LAST SERVED IN US ARMED FORCES?	9a PLACE OF DEATH (Check only one See instructions) HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> Residence <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify)			
9b FACILITY NAME (If not mentioned, give street and number) 3918 Clough St.		9c CITY, TOWN OR LOCATION OF DEATH Highland		9d COUNTY OF DEATH Lake
10 MARITAL STATUS (Specify) Married	11 SURVIVING SPOUSE (If wife, give maiden name) Lewis Bynley	12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life Do not use retired) Homemaker		12b KIND OF BUSINESS/INDUSTRY Own Home
13a RESIDENCE—STATE Indiana	13b COUNTY Lake	13c CITY, TOWN OR LOCATION Highland	13d STREET AND NUMBER 3918 Clough St.	
13e ZIP CODE 46322	13f ON A FARM? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	14 CITIZEN OF USA	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 DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12		18 FATHER'S NAME (First Middle Last) John Malenki		
19 MOTHER'S NAME (First Middle Maiden Surname) Frances Piszczek		20a INFORMANT'S NAME (Type/Print) Lewis Bynley		
20b MAILING ADDRESS (Street and Number or Rural Route Number City or Town State Zip Code) 3918 Clough St. Highland, Indiana 46322		20c Relationship Husband		
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 funeral home, crematory, or other place) January 11, 1993 Chapel Lawn Memorial Gardens		21c LOCATION—City or Town State Schererville, Indiana
22a EMBALMER'S NAME Leonard Gregorczyk		22b EMBALMER'S LICENSE NO. FDO 8800305	23 WAS DEATH REPORTED TO PROPRIETARY? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
24a SIGNATURE OF FUNERAL DIRECTOR <i>Leonard Gregorczyk</i>		24b LICENSE NUMBER (of Licenses) FDO 1006015	25 NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Fagen-Miller Funeral Gardens Inc 2828 Highway Ave, Highland, IN 46322 FH83001504	
26 PART I Enter the diseases, injuries, or complications that caused the death. Do not enter nonspecific terms, such as cardiac or respiratory. THIS CERTIFICATE IS THE PROPERTY OF THE HEALTH DEPT. COMPLETE COPY OF THE CERTIFICATE OF DEATH IS ON FILE WITH THE HEALTH DEPT. a. <i>Myocardial infarction</i> b. <i>arteriosclerosis</i> c. <i>due to (or as a consequence of) atherosclerosis</i> d. <i>due to (or as a consequence of) atherosclerosis</i> 27-247-5				
PART II Other significant conditions, conditions contributing to death but not previously stated in Part I <i>skier's chest</i>				
27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) No		28a. WAS AN AUTOPSY PERFORMED? (Yes or no) No		28b. 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 <i>AW Meade, MD</i>			29c MEDICAL LICENSE NO. MO 90544	29d DATE SIGNED (Month, Day, Year) 1-11-93
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Albert T. Willardo 7150 INDIANAPOLIS KRAMER RD, IND. 460324				
31 HEALTH OFFICER'S SIGNATURE <i>Alexander Williams</i>				32 DATE FILED (Month, Day, Year) January 13, 1993
33 MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide				
34a DATE OF INJURY (Month, Day, Year)		34b TIME OF INJURY	34c INJURY AVOIDABLE? (Yes or no)	
34d PLACE OF INJURY—At home, farm, street, factory, office, building, etc. (Specify) MAR 24 1993		34e LOCALITY (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, date, location) <i>James M. Burton</i> AUDITOR LAKE COUNTY		

DECEDENT

PARENT INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

CORONER USE ONLY

W. H. 3
Eastgate and North of 5th St
27-247-5



Approximate Interval Between Onset and Death
1-11-93

01186 600