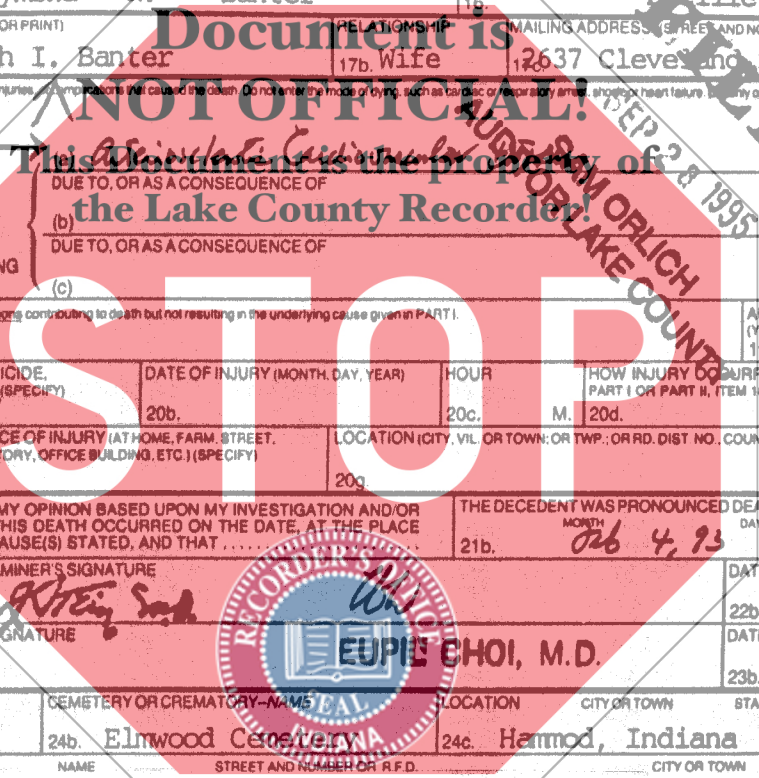


Frank Hammonds Adp
 20637 Cleveland St
 Hammond, IN 46323
 34-12-32
 7 100m d 96323

REGISTRATION DISTRICT NO. <u>16.32</u>		STATE OF ILLINOIS				STATE FILE NUMBER
REGISTERED NUMBER <u>93</u>		MEDICAL EXAMINER'S - CORONER'S CERTIFICATE OF DEATH				
DECEASED-NAME FIRST MIDDLE LAST		SEX		DATE OF DEATH (MONTH DAY YEAR)		
1. DONALD RAY BANTER		MALE		3. FEBRUARY 4, 1993		
COUNTY OF DEATH		AGE-LAST BIRTHDAY (YRS)		UNDER 1 YEAR		DATE OF BIRTH (MONTH DAY YEAR)
4. COOK		5a. 56		5b. 5c.		6d. JUNE 3, 1936
CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER		HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER GIVE STREET AND NUMBER)			IF HOSP. OR INST. INDICATED O A. OF EMER. RM. INPATIENT (SPECIFY)	
6a. Chicago Heights		6b. ST. JAMES			6c. NA	
BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE)		WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO)
7. Hartford City, Indiana		Married		8b. Sarah I. York		9. NO
SOCIAL SECURITY NUMBER		USUAL OCCUPATION		KIND OF BUSINESS OR INDUSTRY		EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED)
10. 304-32-9538		Maintenance-L.T.V.		Glenwood School for Boys		10. 10
RESIDENCE (STREET AND NUMBER)		CITY, TOWN, OR ROAD DISTRICT NO.		INSIDE CITY (YES/NO)		COUNTY
13a. 2637 Cleveland Street		13b. Hammond		13c. Yes		13d. Lake
STATE		ZIP CODE		RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY)		OF HISPANIC ORIGIN? (SPECIFY NO OR YES-IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.)
13e. Indiana		46323		14a. white		14b. <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES SPECIFY:
FATHER-NAME FIRST MIDDLE LAST			MOTHER-NAME FIRST MIDDLE LAST			
15. Raymond R. Banter			16. Thelma Lebetter			
INFORMANT'S NAME (TYPE OR PRINT)		RELATIONSHIP		MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP)		
17a. Mrs. Sarah I. Banter		17b. Wife		2637 Cleveland St. Hammond, IN 46323		
18. PART I. Enter the disease, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, heart failure, or any one cause on each line.						APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Immediate Cause (Final disease or condition resulting in death)						95058575
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.						
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.						
NATURAL ACCIDENT, HOMICIDE, SUICIDE, UNDETERMINED (SPECIFY)		DATE OF INJURY (MONTH, DAY, YEAR)		HOUR		HOW INJURY OCCURRED (ENTER NATURE OF INJURY MENTIONED IN PART I OR PART II, ITEM 18)
20a. <u>Heart</u>		20b.		20c. M.		20d.
INJURY AT WORK (YES/NO)		PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.) (SPECIFY)		LOCATION (CITY, VIL. OR TOWN; OR TWP., OR RD. DIST. NO., COUNTY, STATE)		IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? (YES/NO)
20e.		20f.		20g.		20h. YES <input type="checkbox"/> NO <input type="checkbox"/>
I CERTIFY THAT IN MY OPINION BASED UPON MY INVESTIGATION AND/OR THE INQUIRY, THIS DEATH OCCURRED ON THE DATE, AT THE PLACE AND DUE TO THE CAUSE(S) STATED, AND THAT				THE DECEDENT WAS PRONOUNCED DEAD ON		AT
21a.				21b. Feb 4, 93		21c. 10:29 A. M.
CORONER'S - MEDICAL EXAMINER'S SIGNATURE				DATE SIGNED (MONTH, DAY, YEAR)		
22a. <u>[Signature]</u>				22b. Feb 5, 93		
CORONER'S PHYSICIAN'S SIGNATURE				DATE SIGNED (MONTH, DAY, YEAR)		
23a. <u>[Signature]</u>				23b. Feb 5, 93		
BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY OR CREMATORY-NAME		LOCATION		CITY OR TOWN STATE
24a. Burial		24b. Elmwood Cemetery		24c. Hammond, Indiana		
FUNERAL HOME NAME STREET AND NUMBER OR R.F.D. CITY OR TOWN						
25a. Bocken Funeral Home, Inc. 7042 Kennedy Avenue Hammond, Indiana 46323						
FUNERAL DIRECTOR'S SIGNATURE				FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER		
25b. <u>[Signature]</u>				25c. 034-01451		
LOCAL REGISTRAR'S SIGNATURE				DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)		
26a. <u>[Signature]</u>				Feb. 5, 1993		



I HEREBY CERTIFY that the foregoing is a true and correct copy of the DEATH RECORD for the deceased in Item No. 1 and that this record was established and filed in my office in accordance with the provisions of the Illinois Statutes relating to the registration of births, stillbirths, and deaths.

DATE: Feb 5 1993 SIGNED: John M. Costabile
 AT: CHICAGO HEIGHTS, IL 60-11 TITLE: LOCAL REGISTRAR 001887

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