

INDIANA STATE DEPARTMENT OF HEALTH

Local No. 333

CERTIFICATE OF DEATH

State No.

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

TYPE/PRINT IN PERMANENT BLACK INK

Form with fields for DECEASED NAME (Carl J. Barnes, Sr.), SEX (Male), TIME OF DEATH (5:20 A.M.), DATE OF DEATH (November 17, 1993), SOCIAL SECURITY NUMBER (311-28-1878), AGE (73), BIRTH DATE (Feb. 19, 1920), BIRTHPLACE (Clinton, Indiana), FACILITY NAME (St. Catherine Hospital), CITY (East Chicago), COUNTY (Lake), MARITAL STATUS (Married), SURVIVING SPOUSE (Lucille Tomsic), USUAL OCCUPATION (Electrician), KIND OF BUSINESS (Railroad), RESIDENCE (Hammond, Indiana), CITIZENSHIP (U.S.A.), RACE (White), EDUCATION (9), FATHER'S NAME (Pete Barzdartis), MOTHER'S NAME (Helen Murikis), INFORMANT (Mrs. Lucille Barnes), METHOD OF DISPOSITION (Cremation), DATE AND PLACE OF DISPOSITION (November 19, 1993, Oakland Memory Lanes, Dolton, Illinois), EMBALMER'S NAME (George J. Johnson), LICENSE NUMBER (0890006), FUNERAL HOME (Virgil Huber Funeral Home), PART I: IMMEDIATE CAUSE (massive stroke, peripheral vascular disease), PART II: OTHER SIGNIFICANT CONDITIONS, CERTIFIER (Rebecca Galante, M.D.), HEALTH OFFICER (Rebecca Galante, M.D.), MANNER OF DEATH (Natural), DATE OF INJURY, TIME OF INJURY, INJURY AT WORK?, PLACE OF INJURY, LOCATION, DATE PRONOUNCED DEAD, MOTOR VEHICLE ACCIDENT?

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STATE OF INDIANA LAKE COUNTY AUDITOR RECORDS NOV 10 1995 SAM ORLICH AUDITOR LAKE COUNTY

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

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