

TYPE OR PRINT  
PLAINLY WITH  
UNFADING INK  
THIS IS A  
PERMANENT  
RECORD

Below for State Office Use

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- C \_\_\_\_\_
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600 + 298-83  
Local No. 298-83

# INDIANA STATE BOARD OF HEALTH MEDICAL CERTIFICATE OF DEATH

State No. \_\_\_\_\_

FUNERAL HOME  
No. 776

FUNERAL DIRECTOR'S  
LICENSE No. 367

LICENSE No. 591

EMBALMER'S NAME: Ronald J. Research

FUNERAL DIRECTOR'S SIGNATURE: Robert J. Research

LAKY COUNTY HEALTH COMMISSIONER'S SIGNATURE: \_\_\_\_\_

TYPE OR PRINT IN PERMANENT INK FOR INSTRUCTIONS SEE HANDBOOK

DECEASED

USUAL RESIDENCE WHERE DECEASED LIVED IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION

PARENTS

DISPOSITION

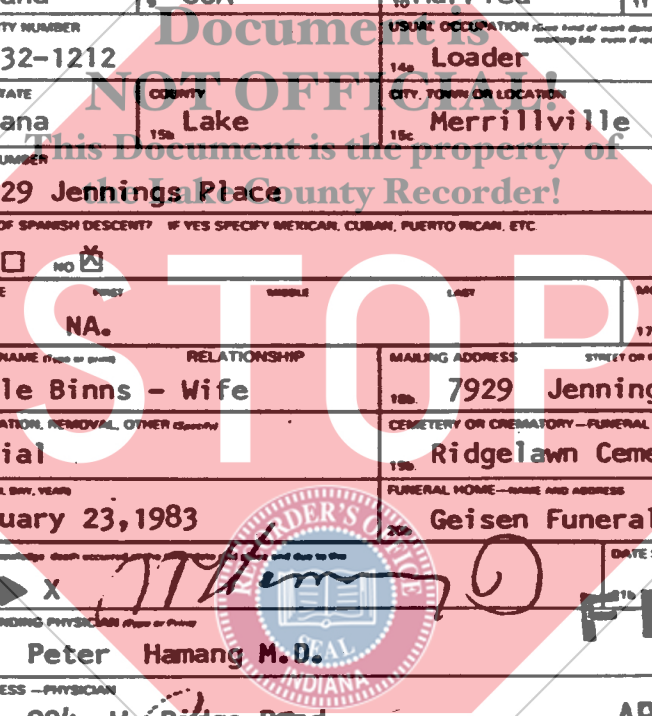
M.D. OR D.O.

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STARTING THE IMMEDIATE CAUSE LAST

CAUSE

DECEASED—NAME 1 <b>Richard W. Binns</b>		SEX <b>Male</b>	DATE OF DEATH MONTH DAY YEAR <b>February 21, 1983</b>
RACE—(to be White, Black, American Indian, etc.) <b>White</b>	AGE—Last Birthday (Yr.) <b>49</b>	UNDER 1 YEAR 2a <b>NO</b>	UNDER 1 DAY 2b <b>NO</b>
CITY, TOWN OR LOCATION OF DEATH <b>Merrillville</b>		HOSPITAL OR OTHER INSTITUTION—(Name if not in order; give street and number) <b>Methodist Hospital Southlake Campus</b>	IF HOSP OR INST. Indicate DPH or other the hospital (Number) <b>Inpatient</b>
STATE OF BIRTH (If not in U.S. give country) <b>Indiana</b>	CITIZEN OF WHAT COUNTRY <b>USA</b>	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, SEPARATED <b>Married</b>	SURVIVING SPOUSE (If only give maiden name) <b>Carole Cunningham</b>
SOCIAL SECURITY NUMBER <b>311-32-1212</b>	USUAL OCCUPATION (Give kind of work done during most of working life, even if temporary) <b>Loader</b>	KIND OF BUSINESS OR INDUSTRY <b>US Steel Gary Works</b>	
RESIDENCE—STATE <b>Indiana</b>	COUNTY <b>Lake</b>	CITY, TOWN OR LOCATION <b>Merrillville</b>	14b <b>US Steel Gary Works</b>
STREET AND NUMBER <b>7929 Jennings Place</b>		IS RESIDENCE ON A FARM? 15a YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	INSIDE CITY LIMITS (Specify Yes or No) 15b <b>Yes</b>
IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. 15g YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
FATHER—NAME 16 <b>NA.</b>		MOTHER—MAIDEN NAME 17 <b>NA.</b>	
INFORMANT—NAME (If not in order) 18a <b>Carole Binns - Wife</b>	RELATIONSHIP <b>Wife</b>	MAILING ADDRESS 18b <b>7929 Jennings Place Merrillville, Indiana 46410</b>	STATE OF BIRTH <b>Indiana</b>
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a <b>Burial</b>	CEMETERY OR CREMATORY—FUNERAL HOME 19b <b>Ridgelawn Cemetery</b>	LOCATION 19c <b>Gary, Indiana</b>	DATE 20a <b>February 23, 1983</b>
NAME OF ATTENDING PHYSICIAN (If not in order) 21a <b>Peter Hamang M.D.</b>		DATE SIGNED (Mo., Day, Yr.) 21b <b>February 22, 1983</b>	HOUR OF SIGNATURE 21c <b>1:50 A.M.</b>
MAILING ADDRESS—PHYSICIAN 21a <b>904 W. Ridge Road</b>		DATE RECEIVED BY LOCAL HEALTH OFFICER 22b <b>2-24-83</b>	
HEALTH OFFICER—Signature 22a <b>Peter Benjamin</b>		TITLE 22c <b>LAKE COUNTY AUDITOR</b>	
IMMEDIATE CAUSE PART I 23 <b>X Cardiac Arrest</b>		Interval between onset and death <b>5 min</b>	
DUE TO OR AS A CONSEQUENCE OF 24 <b>Arterial Hematoma in Brain Death</b>		Interval between onset and death <b>3 days</b>	
DUE TO OR AS A CONSEQUENCE OF 25 <b>Bleeding Berry Aneurysm</b>		Interval between onset and death <b>1 wk.</b>	
OTHER SIGNIFICANT CONDITIONS (Conditions contributing to death but not related to above given in PART I) 26 <b>Renal Failure</b>		CERTIFY (Specify Yes or No) 27 <b>No</b>	

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED  
 DATE 05-11-2011 BY 60322 UCBAW/STP



FILED

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2-24-83

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