## INMIANA STATE BOARD OF HEALT

Local No			CERTIFICAT			State	No.(C;((()	) <del> </del>  P).\Y	
•		COPY F	OR YOUR	DISCORD	0			/U U	
TYPE/PRINT	1. DECEASED—NAME (First Middle, Last)		OIL LOOK UECOUPS		<b>3</b> ×	3a. TIME OF DEA			
IN	Edward H. Barnaby  4 SOCIAL SECURITY NUMBER   5a AGE—Last Britiday		5b. UNDER 1 YEAR		Male 9:00  DAY 6 DATE OF BIRTH (Mo. Day, Yr)		OM January 23, 1992  7. BIRTHPLACE (City and State or Foreign Country)		
PERMANENT BLACK INK	320-05-0764 82		Months Days	Hours Minutes	7	1, 1909		, Wisconsin	
	8a. WAS DECEDENT A U.S. VETERAN?	8b. YEAR LAST SERVED IN U.S. ARMED FORCES?	HOSPITAL: XX Inputent		Se. PLACE OF DEATH (Check only o		ne. See instructions.)		
	No		HOSPITAL: XX inpetient  ER/Outpetient DOA		OTHER	Nursing Home	Other (Specify)		
DECEDENT	9b. FACILITY NAME (If not institution, give street and number)		9c. CITY, T		Y, TOWN, OR LO	CATION OF DEATH	94. COUNTY OF DEATH		
	St. Catherine Hospital		140-050500-700		East Chicago		Lake		
	(Specify) Married	11. SURVIVING SPOUSE (If wife, give maiden name) Helen Sebahar				ION (Give kind of work o not use retired)	Marine Towing Corp.		
	13a RESIDENCE—STATE	136 COUNTY	13c. CITY, TOWN, OR I	President	. ∝ Owne	13d. STREET AND NU	<u>  Marine 'i</u> JMBER	owing Corp.	
	Indiana	Lake	Whiting			1631 Davi	s		
	13e. ZIP CODE 13f. INSIDE CIT				ORIGIN? 16. RACE—American Indian. specify Cuban. Black, White, etc.		17. DECEDENT'S EDUCATION (Specify only highest grade completed)		
	13g. ON A FARM?		Mexican, Puerto Rican, etc.)		(Sp	ecify)	Elementary/Secondary (0-12) College (1-4 or 5 + )		
	46394 Xi no U ves U.S.A.		1	Whi	te (First Middle Maiden	8 Yrs			
PARENTS	George Barnaby		Mary La						
INFORMANT	20e. INFORMANT'S NAME (Type)			ADDRESS (Street and	Number or Rural	Route Number, City or		20a. Relationship	
	Helen Barnaby		1631 I	Davis, Whi	ting, I			Wife	
	21a. METHOD OF DISPOSITION		21b. DATE AND PLACE OF DISPOSITION (Name of other place)  January 27,  St. Mary Ceme			crematory, or	21c. LOCATION City or Town, State		
	□ Donation □ Other (Specify)				-		Evergreen	Park, Illinois	
DISPOSITION	22a EMBALMER'S NAME:		22b. EMBALMER'S LICENSE NO.		23	WAS DEATH REPOR	TED TO CORONER?	D TO CORONE	
	James Porras  24a Signature of Funeral Director		1045964			10 No □ Y•• (J)			
	244. SIGNATURE OF FUNERAL U		OCU 24b LICENSE NUMBER 15 25 NAME ADDRES BUTTIS - KIS			S AND LICENSE NUMBER OF UNETAL HOME			
	8601763 A Hammond, Ind. Chicago, III)								
,	26. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter nonspecific terms, such as cardiac or respiratory.  Approximete								
	This buckling the property of							Interval Between Onset and Death	
CAUSE OF DEATH	IMMEDIATE CAUSE (Final disease or condition	OUE TO I	OR AS A CODISEQUENCE	Recon	rder!				
	resulting in death)	h Ather	OR AS A CONSEQUENCE	c Hea	of g	eseco		<del></del>	
	Conditions, if any, which gave rise to the immediate cause,	6	OR AS A CONSEQUENCE	E OF:		1			
	stating the underlying cause last		OR AS A CONSEQUENCE	E OF):				entra. The Control of	
		d /							
	PART II. Other significant conditions	s - Conditions contributing to death to	out not previously stated in	PREG	DECEDENT		AUTOPSÝ 286. V	VERE AUTOPSY FINDINGS	
	·				OF NO	(Yes or ne	" <u>S</u>	DIMPLETION OF CAUSE F DEATH? (Yes or no)	
					No	N	1111111		
	29s. CERTIFIER  (Check only one)								
		OFFICIAL On the basis of examina		T T VIEL (F J T X A			,	ا ا	
CERTIFIER	296. SIGNATURE AND THE OF	ENTIFIER	ms III			MEDICAL LICENSE		TE SIGNED (Month. Day, Year)	
	30. NAME AND ADDRESS OF PER	RSON WHO COMPLETED CAUSE				1035700 1/27/92			
		man, 4320 Fir,			na		•	•	
HEALTH OFFICER	31. HEALTH OFFICERS SIGNATURE June other Rank over 1-27-92								
	33. MANNER OF DEATH	34e. DATE OF INJUR (Month. Day, Year	Y 34b. TIME OF	34c. INJURY AT	WORK?	34d. DESCRIBE HOV	V INJURY OCCURRED	1102	
	☐ Natural ☐ Pending	(Monet Day, Year	, moon	(res armo)	i			2 973	
COBONER	Accident Investigation	34e. PLACE OF INJUI	IRY—At home, farm, street.	, factory, office	34f LOGA	TION (Street and Numb	per or Rural Route Numbe	City or Town State)	
CORONER USE ONLY	☐ Suicide ☐ Could not be building, etc. (		pecify)					1/W\L	
]	Hornicide	<u> </u>					Y 01 2009		
ł	34g. DATE PRONOUNCED DEAD	Anomer. Day, Year) 34h. MOTOI	R VEHICLE ACCIDENT?	(Yes or no) If yes, spec	city driver, passe	nger, pedestnan, etc.		ATONA T	