INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Local		\mathcal{O} . o	7	acel # (15-07.	35-1	30	-003. State No	000	-00	/	
Decedent's Legal Name (F SUSAN M. BARRO				1a. Maiden Last N	lame (If Female)		2. Se	×	3. Time Of 7:55 PN		Date Of Death (Month/Day/Year)	
5. Social Security Number 390-62-8472	6a. Age Yrs 6b. Under 1 Year 54 Months		<u>6c. Under</u> Days	Co. Under 1 Month Days Begin		i l		Of Birth (Month/Day/Year) cember 7, 1955		B. Birthplace (City And State Or Foreign Country) LYNWOOD, ILLINOIS		
9. Ever In U.S. Armed Forces	ient □ Dead On Arrival	10a. If Death Occurred Some			☐ Hospice			e Facility Decedent's Home Nursing Home/Long-				
11. Facility Name (If Not Institution, Give Street And Number) COMMUNITY HOSPITAL												
12. City Or Town, State, And Zip Code MUNSTER, INDIANA 46321						13. County Of Death 14. Marital Status At Time Of Death LAKE ☑ Married ☐ Married, But Separated ☐ Divorced					, But Separated Divorced	
15. Surviving Spouse's Name CHARLES A. BARRON				15a. (If Wife)Give Maiden Last Name N/A			16. Decedent's Usual Occupation SERVICE ATTENDANT			Midowed Never Married Unknown 17. Kind Of Business/Industry T RAILROAD		
18. Residence – State			18a. County			18b. City Or Town GRIFFITH						
18c. Street And Number 739 N. LAFAYETT		I			18d. Apt. No.	·		18f. Inside City Limits? ☑ Yes ☐ No				
19. Decedent's Education Some college credit, but no degree			1	20. Decedent Of Hispanic Origin No, not Spanish/Hispanic/Latin		21. Decedent's Race White			<u> </u>			
22. Father's Name (First, Middle, Last) . RICHARD PLANK					23. Mother's Name (First, Mi JACQUIE PLANK			e, Last)			23a Memer's Maiden Last Name BUTT LL	
24. Informant's Name CHARLES A. BARRO	24a. Relati	onship To Decedent	24b. Mailing Address (Street And Number, City, State, Zip Code) 739 N. LAFAYETTE STREET, GRIFFITH, INDIANA 46319									
1					lace Of Dispositio							
25a. Method Of Disposition. Burial Cremation Donation Entombment Removal From State OAKLAND MEMORY LANES CREMATORY DOLTON, ILLINOIS 26a. Was Coroner Contacted? 27. Name And Complete Address Of Funeral Facility Page 1. Specify Page 2. Specify Page 2. Specify Page 3. Specify Page 4. Spec												
26. Was Coroner Contacted? Yes No 27b. Signature Of Indiana Fur	ки	PER FUNER	/ /	39 KLEINMAN ROAI	D HIGHLAND,	INDIANA	46322	of		5	Funeral Home License Number:	
Tara J	- WM	alt	the	Lake Cou	· · · · · · · · · · · · · · · · · · ·				ense Numbe 1000 58	r (Of Licensee)	Control of the contro	
28. Part I. Enter The <u>Ch</u> Such As Cardiac Arrest, F A Line. Add Additional Li	Respiratory Arres	st, Or Ventricula	es, Or Complication ar Fibrillation With	Cause Of Death (Se ons—That Directly Cause out Showing The Etiology	d The Death Do	Not Enter To	rminal Eve	ents ause On		N P	Approximate Approximate Approximate Approximate Approximate Approximate Approximate Approximate	
Immediate Cause (Final I				A Аси в.	te cara	di O pul	As A Conseque	ary ar	rest	i i	925	
Line A. Enter The Underl The Events Resulting In D	ying Cause (Dise	ease Or Injury 1	That Initiated	С			As A Conseque		- 2	8		
Part II. Enter Other Significant	Conditions Contribu	uting To Death But	t Not Resulting in The	D. Underlying Cause Given In F	Part !	29. Was	An Autopsy I	ertormed?		rtof		
			· ·		THILITE			dings Available To	☐Yes o Complete	No The Cause Of Dea	ith7 Yes No	
31. Did Tobacco Use Contribu ☐ Yes ☐ Probably ☐ No ☐ Unk		32 If Fe		☐ Pregnant At Time Of Death ■	ER'S		- 040	33. Manner C				
34. Date Of Injury (Month/Day)		LL Not P	regnant, But Pregnant 43	Days To 1 Year Before Death	Unknown If Pregnant W Of Injury (E.G., D	thin The Past Year		Suicide F1 0	Could Not Re De	ccident 🗖 Pending i etermined		
	, ,	33. 141	10 Or Injury		Or Injury (E.G., O	ecedent's Home	e, Constructio	on Site, Restaurar	it, Wooded A	Area)	37. Injury At Work? ☐ Yes ☐ No.	
38. Location Of Injury - State		38a, Cit	y Or Town	38b, S	treet & Number	7			025	923	38d. Zip Code	
39 Describe How Injury Occurre			N	AR LL LOW	arch's		/ · · · ·		自在 医髓 医原糖	on Injury, Sp		
41. Signature, Of Person Certifying Quese Of Death: 42. Certifying Physician Coroner Health Officer 43. Name, Address And Zip Code Of Person Certifying Cause Of Death! 44. License Number 45. Date Certified Christopher McIntire D.D. 3831 Hohman Cwe. Hamman III 07006/15154 1.4. 20/0 46. Additional Funeral Service Provider:											QVIIII QVIIIII QVIIII QVIIII QVIIII QVIIII QVIIII QVIIII QVIIII QVIIII QVIIIII QVIIII QVIIII QVIIII QVIIII QVIIII QVIIII QVIIII QVIIII QVIIIII QVIIII QVIIII QVIIII QVIIII QVIIII QVIIII QVIIII QVIIII QVIIIII QVIIII QVIIII QVIIII QVIIII QVIIII QVIIII QVIIII QVIIII QVIIIII QVIIII QVII	
43. Name, Address And Zip Code Of Person Certifying Cause Of Death. 45. Date Certified Christopher McIntire, D.D. 3831 Hohmon Cive. Hammon In 020015154 1.4. 2010												
48. Signature of Local Health C	Officer:		7 /		49. For Registr	ar Only - Date	Filed (Month	/Day/Year):			*	