

INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH



Local No. 10 0344

45-08-04-352-002-000-004
State No. 2010058421

1. Decedent's Legal Name (First, Middle, Last) Larry Barber				12. Maiden Last Name (If Female)		2. Sex Male		3. Time Of Death 3:38 PM		4. Date Of Death (Month/Day/Year) July 24, 2010			
5. Social Security Number 306-74-1054		6a. Age - Yrs 52		6b. Under 1 Year Months: _____ Days: _____		6c. Under 1 Month Days: _____ Hours: _____		6d. Under 1 Day Hours: _____ Minutes: _____		7. Date Of Birth (Month/Day/Year) April 23, 1958			
8. Birthplace (City And State Or Foreign Country) Gary, Indiana		9. Ever In U.S. Armed Forces? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>				10. If Death Occurred In A Hospital: <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Department Outpatient <input type="checkbox"/> Dead On Arrival				10a. If Death Occurred Somewhere Other Than A Hospital: <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Nursing Home/Long-Term Care Facility <input type="checkbox"/> Other (Specify)			
11. Facility Name (If Not Institution, Give Street And Number) Methodist Northlake Hospital													
12. City Or Town, State, And Zip Code Gary, Indiana 46402						13. County Of Death Lake			14. Marital Status At Time Of Death <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married But Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown				
15. Surviving Spouse's Name Marianetta Barber				15a. (If Wife) Give Maiden Last Name Joseph				16. Decedent's Usual Occupation Driver		17. Kind Of Business/Industry Lake County Highway Department			
18. Residence - State Indiana			18a. County Lake			18b. City Or Town Gary			18c. Street And Number 709 Johnson Street		18d. Apt. No.		
18e. Zip Code 46402		18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		19. Decedent's Education Some college credit but no degree				20. Decedent Of Hispanic Origin Non-Hispanic		21. Decedent's Race African American			
22. Father's Name (First, Middle, Last) Ezekiel Barber Sr.				23. Mother's Name (First, Middle, Last) Annie Mae Barber				23a. Mother's Maiden Last Name Jones					
24. Informant's Name Marianetta Barber			24a. Relationship To Decedent Wife			24b. Mailing Address (Street And Number, City, State, Zip Code) 709 Johnson Street Gary, Indiana 46402							
25. Place Of Disposition													
25a. Method Of Disposition <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal From State <input type="checkbox"/> Other (Specify)			25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) Evergreen Memorial Park				25c. Location - City, Town, And State Hobart, Indiana						
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility Smith Bizzell & Warner Funeral Home 4209 Grant Street Gary, Indiana 46408						27a. Funeral Home License Number FH16500021					
27b. Signature Of Indiana Funeral Service Licensee: <i>[Signature]</i>						27c. License Number (Of Licensee) FD21000045							
28. Part I. Enter The Chain Of Events—Diseases, Injuries, Or Complications—That Directly Caused The Death. Do Not Enter Terminal Events Such As Cardiac Arrest, Respiratory Arrest, Or Ventricular Fibrillation Without Showing The Etiology. Do Not Abbreviate. Enter Only One Cause On A Line. Add Additional Lines If Necessary.													
Immediate Cause (Final Disease Or Condition Resulting In Death) A. Congestive heart failure Due To (Or As A Consequence Of): _____										Approximate Interval: Onset To Death			
Sequentially List Conditions, if Any, Leading To The Cause Listed On Line A. Enter The Underlying Cause (Disease Or Injury That Initiated The Events Resulting In Death) Last B. Hypertension Due To (Or As A Consequence Of): _____													
C. _____ Due To (Or As A Consequence Of): _____													
D. _____ Due To (Or As A Consequence Of): _____													
Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I						29. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		30. Were Autopsy Findings Available To Complete The Cause Of Death? <input type="checkbox"/> Yes <input type="checkbox"/> No					
31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown			32. If Female: <input type="checkbox"/> Not Pregnant Within Past Year <input type="checkbox"/> Pregnant At Time Of Death <input type="checkbox"/> Not Pregnant, But Pregnant Within 42 Days Of Death <input type="checkbox"/> Not Pregnant, But Pregnant 43 Days To 1 Year Before Death <input type="checkbox"/> Unknown If Pregnant Within The Past Year				33. Manner Of Death: <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could Not Be Determined						
34. Date Of Injury (Month/Day/Year)			35. Time Of Injury		36. Place Of Injury (E.G., Decedent's Home, Construction Site, Restaurant, Wooded Area)				37. Injury At Work? <input type="checkbox"/> Yes <input type="checkbox"/> No				
38. Location Of Injury - State			38a. City Or Town		38b. Street & Number			38c. Apt. No.		38d. Zip Code			
39. Describe How Injury Occurred <i>[Signature]</i>						40. If Transportation Injury, Specify: <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)							
41. Signature, Of Person Certifying Cause Of Death: <i>[Signature]</i>						42. (Certifying Physician Only One) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer							
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: Dr. Nathaniel Bass 11619 W 5th Ave Gary, IN 46404						44. License Number 01052287		45. Date Certified 7/28/2010					
46. Additional Funeral Service Provider:						47. *Akas: CS							
48. Signature of Local Health Officer: <i>[Signature]</i>						49. For Registrar Only - Date Filed (Month/Day/Year) JUL 28 2010 004338 11 00							

2010 OCT - 8 AM 8:50
 STATE OF INDIANA
 LAKE COUNTY
 FILED FOR RECORD
 DEPT. OF HEALTH

FILED
OCT 08 2010

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR