THIS IS AN OFFICIAL COPY OF RECORD OF DEATH. ORIGINAL COPY ON FILE AT INDIANA STATE DEPARTMENT OF HEALTH

162909

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH 45.03.67-178.013.000.023

VOID IF ALTERED OR ERASED - NOT VALID UNLESS CERTIFIED BY HEALTH DEPARTMENT

1. Decedent's Legal Name (First, Mi	<u> 000037</u>			EDR No 000(<u> </u>	11	S	<u>tate No</u>			
1. Decedent a Legal Harrie (First, Mi	ddle, Last)			1a. Maiden Nan	ne (If female)		2. Sex	3. Time C	of Death	4. Date O	f Death (Month/Day/Year)
JAMES PAUL BAYUS							MALE	03.0	5 AM	.	02/07/2011
5. Social Security Number 6a. Ag	e - Yrs 6b. Under	1 Year	6c Under 1 M	fonth 6d. Under 1 Day	6e, Under 1 Hour	7 Date o	of Birth (Month/Day/)				r Foreign Country)
	SS. Orider	, , , , ,	20. Q.R.O. 1 W	- Jan Griggi i Guly		-	(, ,			
	9 Months		Days	Hours	Minutes		06/10/1941		HICAGO,	IL	
9. Ever in U.S. Armed Forces?	10. If Death Occurred I	n A Hosp	oital:				where Other Than A I	_ '		C 5	
☐ Yes ☒ No ☐ Unknown	☑ Inpatient ☐ Emer	gency De	epartment Outpa	atient Dead on Arrival	Hospice Facility	, □ De	cedent's Home	_ Nursing H	ome/Long-tem	Care Facilit	у
11. Facility Name (If Not Institution,					Other (Specify)						
REGENCY HOSPITAL	OF NORTHWE	ST INI	DIANA LL	C							
12. City Or Town, State, And Zip Co.		<u> </u>	<i>50</i> , <i>55</i>		13. County 0	Of Death		- $-$	4. Marital Stat	us At Time (Of Death
									Married 🗌		t Separated Divorced
EAST CHICAGO, IN, 46	312_				LAKE				☐ Widowed		Married Unknown
15. Surviving Spouse's Name				15a. (If Wife)Give Maide	n Last Name		16. Decedent's Usu	al Occupation	on	17. Kind (Of Business/Industry
LINDA E BAYUS 18. Residence - State		10- (County	ROE	18b. City Or Tov		OPERATOR _			REFINE	<u>:RY</u>
lo. Residence - State		l loa.	County		186. City Or Tov	WIT					
INDIANA		LAKE	=		SCHERERV	/ILLE					
18c. Street And Number		•					18d. A	pt. No.	18e. Zip (Code	18f. Inside City Limits?
2046 CASTLEVIEW DD	N/E										⊠ Yes □ No
2046 CASTLEVIEW DR	<u> </u>				1 24 5				463	87 5	
19. Decedent's Education HIGH SCHOOL GRADU	ATE OF GED	20.	Decedent Of H	nispanic Ongin	21. 0	Decedent's F	≺ace				
COMPLETED	ALL ON GED	NC	OT HISPAI	NIC	White	е					
22. Father's Name (First, Middle, Las	it)		23. Mother's Name (First, Middle, Last)					23a. N	oth eris M aid	len Last Name	
PAUL BAYUS					MARY BAYUS				KAPI	AB	
24. Informant's Name			24a. Relations	hip To Decedent	24b. Mailing Address	s (Street Ar	nd Number, City, Sta	te, Zip Code)	~	
LINDA E BAYUS			WIFE		2046 CASTLE	VIEW	DRIVE, SCH	ERERVI	LLE. IN 4	33Z5	
			_	25. Pla	ce Of Disposition		_,			-	
25a. Method Of Disposition		25b. Plac	ce Of Disposition	(Name Of Cemetery, Cr		25c. Lo	cation - City, Town, A	And State			
☐ Burial ☑ Cremation ☐ Donati	ion Entombment									9	
Removal From State Other (Specify):		HEIGH	HTS CREN	AATORYOOT	imoni	CHIC	AGO HEIGH	TQ 11		0	
26. Was Coroner Contacted?	27. Name And (CHIC	AGO REIGH	10, IL		27a. Fune	ral Home License Number:
	1			L HOME AND C	REMATIONS	FRVICE	816-119TH	STREE	Т		
☐ Yes ☒ No	WHITING.					AIC		OTTL	',	FH1070	00040
27b. Signature Of Indiana Funeral S	ervice Licensee:	$\overline{}$					27c. Licen	se Number	(Of Licensee):		
JAMES F SEEBERG , B	Y ELECTRON	IC SIG	NATURE	Documen	t is the 1	pron	FD2090	30076	_		
28. Part I. Enter The <u>Chain Of E</u> Such As Cardiac Arrest, Respira A Line. Add Additinal Lines If No	vents - Diseases, Inj	uries, Or	r Complication:	s - That Directly Caused	The Death, Do Not I	Enter Term	ninal Events		MIÇ	2011	Approximate Interval: Onset
Immediate Cause (Final Disease	e Or Condition Result	ing In De	eath)	A. CHF						<u> </u>	TWEEKS.
						Due to (Or As	A Consequence Of):		FILE.	~	⊕ ≥ mi
		Cause L	ISLEU OII	B. MYASTHENIA GR.	AVIS	Due to (Or As	A Consequence Of):	_	RECOR	~~	MONTHS
Sequentially List Conditions, If	Any, Leading To The								\supseteq	œ	()
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Sequentially List Conditions, If A Line A. Enter The Underlying C The Events Resulting In Death)	ause (Disease Or Inju	ary That		C. ARF		Due to (Or As	A Consequence Of):			-	WEERS.
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