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Local No.
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SEE HANDBOOK FOR
INSTRUCTIONS
FUNERAL HOME
No. 250

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH
David P. Stanton
708 Bdwy
Gary, Indiana
No. 127

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EMBALMER'S NAME
FUNERAL DIRECTOR'S
SIGNATURE

DECEASED—NAME FIRST MIDDLE LAST SEX DATE OF DEATH (MONTH, DAY, YEAR)

1. Wesley B son Robinson 2. Male 3. Sept 21, 1968

RACE AGE—LAST BIRTHDAY (YEARS) MO. DAY UNDER 1 YEAR MOB. DAYS UNDER 1 DAY HOURS MIN. DATE OF BIRTH (MONTH, DAY, YEAR) COUNTY OF DEATH

4. Negro 5a. 65 5b. 5c. 10/26/02 7a. Lake

CITY, TOWN, OR LOCATION OF DEATH INSIDE CITY LIMITS (SPECIFY YES OR NO) HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)

7b. Gary 7c. Yes 7d. Resident (2366 Lincoln St.)

STATE OF BIRTH (IF NOT IN U.S.A.) CITIZEN OF WHAT COUNTRY MARRIED NEVER MARRIED SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)

8. Tennessee 9. U.S.A. 10. Evelyn Walker

USUAL RESIDENCE WHERE DECEASED LIVED, IF DEATH OCCURRED IN INSTITUTION, GIVE INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION SOCIAL SECURITY NUMBER USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) KIND OF BUSINESS OR INDUSTRY

11. 312-05-7380 12. Retired 13. U.S. Steel

RESIDENCE—STATE COUNTY CITY, TOWN OR LOCATION INSIDE CITY LIMITS (SPECIFY YES OR NO) TOWNSHIP

14a. Indiana 14b. Lake 14c. Gary 14d. Calumet

14a. 2366 Lincoln Street 14b. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) IS RESIDENCE ON A FARM? (Yes, no, or unknown)

14c. No 14d. YES NO

FATHER'S NAME FIRST MIDDLE LAST MOTHER—MAIDEN NAME FIRST MIDDLE LAST

15. William Ben Robinson 16. Ellen Baker

INFORMANT NAME RELATIONSHIP MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)

17a. Evelyn Robinson 17b. Wife 17c. 2366 Lincoln St. Gary, Ind.

PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

18. IMMEDIATE CAUSE (a) Atherosclerotic heart disease Indef. (b) DUE TO, OR AS A CONSEQUENCE OF: (c) DUE TO, OR AS A CONSEQUENCE OF:

CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (A), STATING THE UNDERLYING CAUSE LAST

PART II. OTHER SIGNIFICANT CONDITIONS GIVEN IN PART (A) CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE

19a. YES NO 19b. YES NO

DATE & TIME OF DEATH MONTH DAY YEAR HOUR DATE SIGNED MONTH DAY YEAR

20. 9-21-68 7:10 A.M. 21. 9-26-68

PHYSICIAN'S NAME (TYPE OR PRINT) LAST IN ATTENDANCE SIGNATURE OF PHYSICIAN (PLEASE PRINT NAME AND TITLE)

22a. Herschel Boenstein M.D. 22b. Rozelle Bernstein M.D.

MAILING ADDRESS—PHYSICIAN STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP

23. 3233 Broadway GARY IND 46409

BURIAL, CREMATION, REMOVAL (SPECIFY) CEMETERY, CREMATORY, FUNERAL HOME LOCATION CITY OR TOWN STATE

24a. Burial 24b. Evergreen Memorial Cem. 24c. Hobart, Indiana

DATE (MONTH, DAY, YEAR) FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)

24d. Sept. 25, 1968 25a. Guy & Allen Funeral Directors 2205 Wash. St. Gary, Ind. 46407

HEALTH OFFICER—SIGNATURE DATE RECEIVED BY LOCAL HEALTH OFFICER

25b. 26. P. Rosenblom M.D. SEP 30 1968

58H 6-24-2