

TYPE OR PRINT PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

Below for State Office Use  
 KEY 43-14-11  
 A FISRUPPS ADD  
 B NIFT LOT 10  
 C ALL LOT 11  
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80-1039  
 Local No.

INDIANA STATE BOARD OF HEALTH  
 MEDICAL CERTIFICATE OF DEATH

State No.

454

FUNERAL HOME No. 770  
 FUNERAL DIRECTOR'S LICENSE No. 270  
 EMBALMER'S NAME Roosevelt Allen  
 FUNERAL DIRECTOR'S SIGNATURE

1. DECEASED—NAME FIRST MIDDLE LAST Benjamin Samuel Jerome Dobbin		2. SEX Male	3. DATE OF DEATH (MONTH, DAY, YEAR) Dec. 23, 1980
4. RACE—(e.g. White, Black, American Indian, etc.) (Specify)	5a. AGE—Last Birthday (Yrs)	5b. UNDER 1 YEAR MOS DAYS	5c. UNDER 1 DAY HOURS MINS
Black	78		6. DATE OF BIRTH (Mo., Day, Yr.) 6/4/1902
7a. CITY, TOWN OR LOCATION OF DEATH Gary		7b. COUNTY OF DEATH Lake	
7c. HOSPITAL OR OTHER INSTITUTION—Name (if not on earlier, give street and number) Methodist Hospital		7d. IF HOSP OR INST. Indicate DOA, OP, Emer, Am., Institution (Specify) Inp.	
8. STATE OF BIRTH (if not in U.S. name country)	9. CITIZEN OF WHAT COUNTRY	10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	11. SURVIVING SPOUSE (if wife, give maiden name)
North Carolina	U.S.A.	Married	Eunice Dobbin
12. SOCIAL SECURITY NUMBER 416-09-3387		13. USUAL OCCUPATION (Give kind of work done during most of working life, even if stopped)	
14a. Retired		14b. KIND OF BUSINESS OR INDUSTRY Bullman Standard Corp.	
15a. RESIDENCE—STATE Indiana	15b. COUNTY Lake	15c. CITY, TOWN OR LOCATION Gary	
15d. STREET AND NUMBER 1354 Roosevelt Place		15e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	15f. INSIDE CITY LIMITS (Specify Yes or No) Yes
16. IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
17. FATHER—NAME FIRST MIDDLE LAST Ben Dobbins		18. MOTHER—MAIDEN NAME FIRST MIDDLE LAST Hattie Unknown	
19. INFORMANT—NAME (Type or Print) Eunice Dobbins		20. MAILING ADDRESS STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP 1354 Roosevelt Place Gary, Indiana 46404	
21. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		22. CEMETERY OR CREMATORY—FUNERAL HOME LOCATION CITY OR TOWN STATE Ridgelawn Cemetery Gary, Indiana	
23. DATE (MONTH, DAY, YEAR) 12/27/80		24. FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) Guy & Allen Funeral Directors 2959 W. 11th Ave. Gary, Ind.	
25. To the best of my knowledge, death occurred at the time, date and place stated (Cause(s) stated)		26. 21a. (Signature) Alexander S. Williams MD	27. 21b. DATE SIGNED (Mo./Day, Yr.) 12/30/80
28. NAME OF ATTENDING PHYSICIAN (Type or Print) Alexander S. Williams MD		29. 21c. HOUR OF DEATH Aug 12 10:40 AM '80	
30. MAILING ADDRESS—PHYSICIAN 43600 25th Ave Gary, Indiana		31. 21d. HEALTH OFFICER—SIGNATURE W. N. Calhoun, M.D.	
32. 22a. DATE RECEIVED BY LOCAL HEALTH OFFICER JAN 5 1981		33. STATE OF INDIANA LANK COUNTY FILED FOR RECORD	
34. CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST			
35. PART I IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE (a) OR (b) OR (c)) (a) Acute Myocardial Infarction (b) Atherosclerotic Heart Disease (c) Generalized Atherosclerosis		36. INTERVAL BETWEEN ONSET AND DEATH	
37. PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)		38. AUTOPSY (Specify Yes or No) No	

FILED

AUG 13 1980  
 Auditor Lake County

Disposition Permit Issued / /  
 Provisional Certificate  
 Yes  No

400  
 SMP