

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

Belw for State Office Use

992814

Local No. 3535-87

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

State No. _____

FUNERAL HOME
3007704

8700298

LICENSE No.

FUNERAL DIRECTOR'S
8700298

EMBALMER'S NAME PATRICIAN OWENS

FUNERAL DIRECTOR'S SIGNATURE *Patrician Owens*

TYPE OR PRINT IN PERMANENT INK FOR INSTRUCTIONS SEE HANDBOOK

DECEASED

USUAL RESIDENCE WHERE DECEASED LIVED IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION

PARENTS

DISPOSITION

M.D. OR D.O.

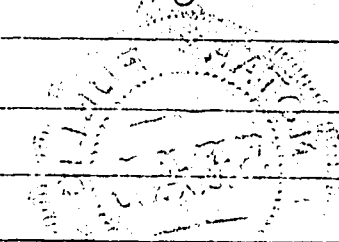
CONTINUING IF ANY WHICH CASE USE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

CAUSE

DECEASED - NAME 1 DELORES ROBINSON		SEX FEMALE	DATE OF DEATH (MONTH DAY YEAR) 3 DECEMBER 23, 1987
RACE (e.g. White, Black, American Indian, etc.) 4 BLACK	AGE (Last birthday) 5a 48	DATE OF BIRTH (MO DAY YEAR) 6 2-5-1939	COUNTY OF DEATH 7a LAKE
CITY, TOWN OR LOCATION OF DEATH 7b MERRILLVILLE	HOSPITAL OR OTHER INSTITUTION (Name of institution, give street and number) 7c METHODIST HOSPITAL SOUTHLAKE		IF HOSP OR INSE (Specify type) 7d INP.
STATE OF BIRTH (If not in U.S. give country) 8 INDIANA	CITIZEN OF WHAT COUNTRY 9 U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED 10 MARRIED	SURVIVING SPOUSE (If wife give her name) 11 CLARENCE ROBINSON
SOCIAL SECURITY NUMBER 13 307-38-1101	USUAL OCCUPATION (Give kind of work done during most of working life, extend details) 13a housewife		KIND OF BUSINESS OR INDUSTRY 14a
RESIDENCE - STATE 15a INDIANA	COUNTY 15b LAKE	CITY, TOWN OR LOCATION 15c GARY	
STREET AND NUMBER 15d 342 Hayes Street		IS RESIDENCE ON A FARM? 15e YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	IN CITY LIMITS (If yes, give street and number) 15f
IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. 15g YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
FATHER - NAME (FIRST MIDDLE LAST) 16 WILLIE ROBINSON		MOTHER - MAIDEN NAME (FIRST MIDDLE) 17 SARA	
INFORMANT - NAME (Type or print) 18a CLARENCE ROBINSON HUSBAND		RELATIONSHIP HUSBAND	MAILING ADDRESS (Street or R.F.D. No., City or town, State) 342 Hayes Street, Gary, IN 46402
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a BURIAL		CEMETERY OR CREMATORY - FUNERAL HOME 19b OAK HILL CEMETERY	LOCATION (City or town) 19c GARY, INDIANA
DATE (MONTH DAY YEAR) 20a 12-29-87		FUNERAL HOME - NAME AND ADDRESS (Street or R.F.D. No., City or town, State ZIP) 20b Guy & Allen Funeral Directors, Inc. 2959 W. 11th Ave. Gary, Ind.	
To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated 21a (Signature) <i>Mary Klein M.D.</i>		DATE SIGNED (Mo. Day Year) 21b 12/29/87	HOUR OF DEATH 21c
NAME OF ATTENDING PHYSICIAN (Type or print) 21d MARY KLEIN M.D.		MAILING ADDRESS - PHYSICIAN 21e 970 MILL POND RD SUITE 1700 - ALSO TMD 46313	
HEALTH OFFICER - SIGNATURE 22a <i>Carol Johnson</i>		DATE RECEIVED BY LOCAL HEALTH OFFICER 22b January 11, 1988	
IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE (a), (b), AND (c)) PART I (a) metastatic cervical carcinoma		Interval between onset and death	
(b) _____		Interval between onset and death	
(c) _____		Interval between onset and death	
OTHER SIGNIFICANT CONDITIONS (Conditions contributing to death but not related to cause given in PART I (a), (b), and (c)) PART II _____		AUTOPSY (Specify type or date) 24	

KEY # 44-187-26
A
B GARY AND CO'S SUB
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LILLIAN A. BLASTICK
RECORDER, LAKE COUNTY, INDIANA 46307
FILED FOR RECORD
AUG 17 1988
21 PM '88



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