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PLAINLY, WITH  
UNFADING INK.  
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PERMANENT  
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EMBALMER'S NAME: *Quinn & Sons*  
 FUNERAL HOME: *Quinn & Sons*  
 FUNERAL DIRECTOR'S LICENSE No. *00151*  
 FUNERAL DIRECTOR'S LICENSE No. *00151*  
 SIGNATURE: *[Signature]*

Local No. **85-0629**  
 → *Bobbe Nell Hayes*  
*1949 Clark Rd*  
*Gary In 46404*

93022071 KA 25 47-487-23

INDIANA STATE BOARD OF HEALTH  
 MEDICAL CERTIFICATE OF DEATH

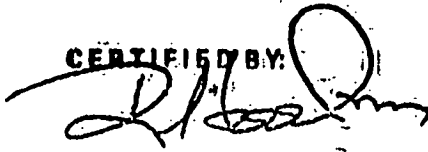
State No. \_\_\_\_\_  
 DATE OF DEATH: MONTH DAY YEAR  
 , SEPTEMBER 30, 1985

15100

|   |  |  |  |   |  |
|---|--|--|--|---|--|
| 1 DECEASED—NAME<br>PRINCE ALBERT HAYES  |  | SEX<br>MALE  |  | DATE OF DEATH: MONTH DAY YEAR<br>SEPTEMBER 30, 1985                           |  |
| 2 RACE—(Indicate by check one)<br>BLACK   |  | 3 AGE—(Indicate by check one)<br>72  |  | 4 DATE OF BIRTH: MONTH DAY YEAR<br>5-29-12                                    |  |
| 5 CITY, TOWN OR LOCATION OF DEATH<br>GARY   |  | 6 HOSPITAL OR OTHER INSTITUTION—(Name, street and number)<br>GARY METHODIST                                  |  | 7 COUNTY OF DEATH<br>LAKE   |  |
| 8 STATE OF BIRTH<br>MISSISSIPPI   |  | 9 CITIZEN OF WHAT COUNTRY<br>US BORN   |  | 10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, SEPARATED, OR SINGLE<br>MARRIED |  |
| 11 SOCIAL SECURITY NUMBER<br>313-07-4120  |  | 12 SURVIVING SPOUSE—(Name, street and number)<br>BOBBIE NELL BENNETT   |  | 13 WAS DECIDENT EVER IN US ARMED FORCES?<br>YES                               |  |
| 14 USUAL RESIDENCE WHERE DECEASED LIVED IF DEATH OCCURRED IN INSTITUTION GIVE RESIDENCE BEFORE ADMISSION<br>INDIANA LAKE GARY |  | 15 RESIDENCE—STATE COUNTY CITY, TOWN OR LOCATION<br>INDIANA LAKE GARY  |  | 16 A KIND OF BUSINESS OR INDUSTRY<br>US STEEL                                 |  |
| 17 IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY AMERICAN CUBAN PUERTO RICAN, ETC.<br>NO                                     |  | 18 FATHER—NAME FIRST MIDDLE LAST<br>SAM HAYES  |  | 19 MOTHER—MAIDEN NAME FIRST MIDDLE LAST<br>HATTIE SWAN                        |  |
| 20 INFORMANT—NAME (Type or Print) RELATIONSHIP<br>BOBBIE HAYES—WIFE   |  | 21 MAILING ADDRESS (Street or R.F.D. No.)<br>1949 CLARK ROAD GARY, INDIANA                                   |  | 22 CITY OR TOWN STATE ZIP<br>GARY, INDIANA                                    |  |
| 23 BURIAL, CREMATION, REMOVAL, OTHER (Specify)<br>BURIAL  |  | 24 CEMETERY OR CREMATORY—FUNERAL HOME<br>EVERGREEN PARK  |  | 25 LOCATION CITY OR TOWN STATE<br>HOBART, INDIANA                             |  |
| 26 DATE (MONTH DAY YEAR)<br>OCTOBER 4, 1985   |  | 27 FUNERAL HOME—NAME AND ADDRESS<br>ANDREW SMITH F.H. 934 E. 21ST AVENUE GARY, INDIANA                       |  | 28 (STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP)                              |  |
| 29 M.D. OR D.O.<br>NAME OF ATTENDING PHYSICIAN (Type or Print)<br><i>[Signature]</i>  |  | 30 DATE SIGNED (Month Day Year)<br><i>[Signature]</i>  |  | 31 HOUR OF DEATH<br>M   |  |
| 32 HEALTH OF DECEASED—SIGNATURE<br><i>[Signature]</i>   |  | 33 DATE RECEIVED BY LOCAL HEALTH OFFICER<br>OCT-16-1985  |  | 34 (Interval between onset and death)   |  |
| 35 PART I: (a) IMMEDIATE CAUSE OF DEATH<br>DUE TO OR AS A CONSEQUENCE OF<br>Acute Cardio respiratory arrest                   |  | 36 (b) DUE TO OR AS A CONSEQUENCE OF<br>Acute Pulmonary edema  |  | 37 (Interval between onset and death)   |  |
| 38 (c) DUE TO OR AS A CONSEQUENCE OF<br>Acute myocardial infarction   |  | 39 OTHER SIGNIFICANT CONDITIONS—(Conditions contributing to death but not reported to cause given in PART I) |  | 40 (Interval between onset and death)   |  |
| 41 (PART II)  |  | 42 AUTOPSY (Specify Yes or No)   |  | 43  |  |

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CERTIFIED BY: 

HEALTH COMMISSIONER  
CITY OF GARY, IND.

DATE FEB 4 1009