COMMUNITY TITLE COMPANY FILE NO. メイク93

1487-76

TYPE OR PRINT Local No. 1487-75

INDIANA STATE BOARD OF HEALTH CORONER'S CERTIFICATE OF DEATH

PLAINLY WITH			*************					Death No.	
UNFADING INK		PERMANENT INK	DECEASED-NAME	FIRST	MIDDLE	LAST	ISEX	DATE OF DEATH (MONTE	H. DAY, YEAR)
THIS IS A	63	SEE HANDBOOK FOR INSTRUCTIONS	1.	Robert	P.	Vellir	- {	December 28.	
PERMANENT	HOME		RACE WHITE, NEGRO, AM			ER I YEAR UNDE			1
RECORD	= [4. White		5a. 64 55.	5c.	6.4-8-1	912 ₇₀ Lake	S
Below for State Office Use	, AL,	1	CITY, TOWN, OR LOCATIO	/ <u>;</u>	INSIDE CITY LIMITS	(0)		ME (IF NOT IN EITHER GIVE	REET AND NUMBER
Below for Blate Orice Use	ER,	DECEMBED	76.Merrillville STATE OF BIRTH (15 NOT		7c. Yes	7d. DOA BI	coadway Metho	RVIVING SPOUSE F WIFE, O	5 5
	FUN	USUAL RESIDENCE	NAME COUNTRY) 8. Virginia		ment is		OKCED (SPECIFY)	Myrtle Watson	
A	, 14 Z	WHERE DECEASED LIVED IF GEATH	SOCIAL SECURITY NUMBER		OCCUPATION (GIVE KIN OF WORKING LIFE, EVEN				л (<u>S</u>)
B		OCCURRED-IN INSTITUTION, GIVE			of working life, even Chemical End		13b. Univ	ersal Atlas Ceme	- ·
		RESIDENCE BEFORE	RESIDENCE-STATE	COUNTY	CITY, TOWN OR L		INSIDE CITY LIMITS	TOWNSHIP 20 .	3 37.50
C				145. Lake	14c. Crown	Point	14d. NO		-
D	R'S 5		STREET AND NUMBER	lake Cou	nty Record) EVER IN U. S. ARMED Iff yes, give war or date		DN A FARM?
169	70 36	~ ~~~	14. 7403 West 8		MIDDLE	NO LAST MOTH	ER-MAIDEN NAME	FIRST MIDDLE	ES NO T
<u>r</u>	DIRECTOR'S	PARENTS	15. Westle			ellines 16.		rence	Towill
F) III	<i>₩</i>	INFORMANT-NAME	- Y		TIONSHIP		STREET OR R.F.D. NO., CITY	
.	^Z	7 3	170. Mrs. Myrt]	le Vellines	17b.	Wife	17c. 7403 W.	36th St., Crown	Point, Ind.
<u>v</u>	UNERA			WAS CAUSED BY:		NLY ONE CAUSE PER	LINE FOR (a), (b), AND		PROXIMATE INTERVAL
H	N. S.	3.	18.	IMMEDIATE CA				TTE E	ע
<u>.</u> 3	E/3		CONDITIONS, IF ANY,	(DUE TO, OR A	ture of Sterr	num with La	ceration of A	Hortin	
			WHICH GAVE RISE TO IMMEDIATE CAUSE (A)	. His Auto	omobile Accide	ent			- D. A
J	٠.	-: Ü	LYING CAUSE LAST	DUE TO, OR A	A CONSEQUENCE OF:			APR 1 F 1	334
		CAUSE	PART II. OTHER SIGNIFIC	(c)					MARE PARME CON.
1		٠ ج٠٠٠٠	GIVEN IN PART I (A)	LANT CONDITIONS	CONDITIONS CONTRIBU	TING TO DEATH BU	THO HELATED TO CAUS	(YES OR NO) SIDER	PEATH YES
0		7	ACCIDENT, SUICIDE, HOM	ICIDE IDATE OF IN	HIPY IMONTH DAY YEA	R) HOUR	HOW INJURY OCCURR		YES YES
4	۲		OR UNDETERMINED (SPE	CIEV	2-28-1976	20c 1:02BA	PART II, ITEM 18)	Accident	
3	Sc		INJURY AT WORK PL	ACE OF INJURY AT	HOME, FARM, STREET.			.F.D. NO., CITY OR TOWN, ST	TATE, ZIP)
4	Ge		(SPECIFY YES OR NO) FA	Street	DG., ETC. (SPECIFY)	20g. West	On Route 30 !	Merrillville, In	diana
	_•		CORONER'S CERTIFICATION	N	R-ON THE BASIS O	F THE EXAMINATION	THE DATE AND DUE TO		N.
5	E1		DEATH OCCUPRED	THE DECEDENT W	AS PRONOUNCED DEAD		DATE S	•	
6	ert		210. 1:45 PM. CERTIFIER-NAME (TYPE	21b. Decembe	er 28 19	976 1 Isigna		December 30, 197	DEGREE ON THE
ŭ	ď.	Contraction of the Contraction o	220. William H.				William H. Mo		-Coroner
7 ^{PC}	Sign		MAILING ADDRESS-CERTI		STREET OR R F.E		CITY OR TOWN	STATE "	ZIP
88	io. Ob		ž. 2293 North	Main Stree	t	Cr	own Point	Indiana	46307
Ž		5 7 8:0	DETRIAL, CREMATION, REA	NOVAL CEMET	ERY, CREMATORY, FUNER			OR TOWN STATE	00952
			Sale (MONTH DAY	YEAR) FUNER	Calumet Park C		24c Merrillyi (STREET OR R F.D	le, Indiana	
BALMĒŘ'S	1,0 1,0	EBURIAN	24d. Dec. 31, 1	976 250. 0	eisen Funeral				
		in H			SIGNATURE	OF HEALTH OFFICE		DATE RECEIVED BY LOCA	
× × × × × ×	Z ASK	1111111	25b.		₂₆₀ . Pe	eter Stecy,	P1L)	January 4,	72//