

TYPE OR PRINT
PLAINLY WITH
UNFADING INK

THIS IS A
PERMANENT
RECORD

Below for State Office Use

- A _____
- B _____
- C _____
- D _____
- E _____
- F _____
- G _____
- H _____
- I _____
- J _____
- K _____
- L _____
- 1 _____
- 2 _____
- 3 _____
- 4 _____
- 5 _____
- 6 _____
- 7 _____
- 8 _____
- 9 _____
- 10 _____
- 11 _____
- 12 _____

Local No. _____

TYPE OF DEATH
IN
FURNERAL HOME
INSTRUMENTS
SEE
HANDBOOK

DECEASED

USUAL RESIDENCE
WHERE DECEASED
DIED & DEATH
OCCURRED IN
RESIDENCE BEFORE
EMIGRATION

PARENTS

DEPOSITION

M.D.
OR
D.O.

CAUSE

CAUSE

FUNERAL HOME

750

FUNERAL DIRECTOR'S LICENSE No. 94

FUNERAL DIRECTOR'S LICENSE No. 1085

EMBALMER'S NAME: James J. Slocatin
FUNERAL DIRECTOR'S SIGNATURE: *James J. Slocatin*
CAUSE: Myocardial infarction

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

Robin Woods
Sec B 3-24
State
No. 39-377-24

1. NAME OF DECEASED: Robert M. McColley; Male; Date of Birth: 2-9-1916; County of Death: Lake

2. CITY, TOWN OR LOCATION OF DEATH: Merrillville; Hospital: Broadway Methodist Hospital

3. STATE OF BIRTH: Minnesota; U.S.A.; Date of Arrival: 306-03-2002; Usual Occupation: Retired

4. COUNTY OF BIRTH: Indiana; Lake; City/Town: Gary; Usual Residence: 2217 Ranburn Dr.

5. SEX: Male; Date of Death: 9-10-81; Time of Death: 1:00 PM

6. MARITAL STATUS: Married; Spouse: Elsie Blackloch

7. USUAL OCCUPATION: Steel worker

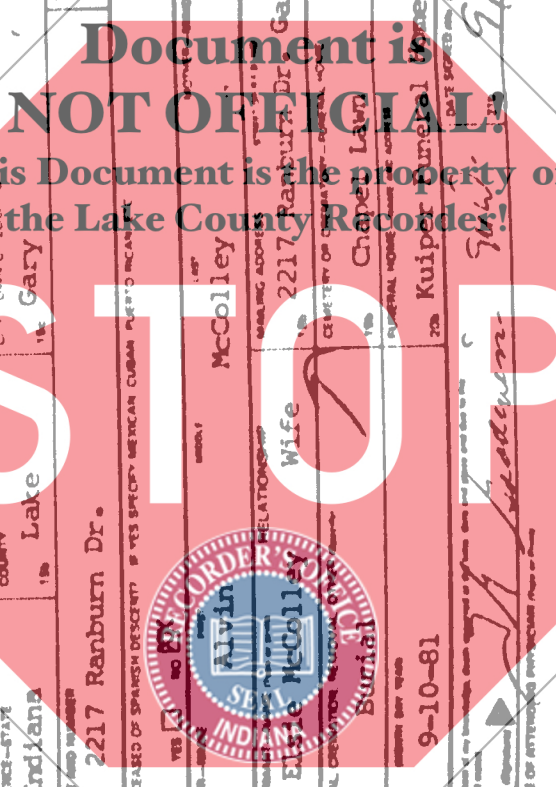
8. DECEASED BY: Myocardial infarction; Pre information signed: Conway

9. SIGNATURE: *James J. Slocatin*

10. CAUSE: Myocardial infarction

11. PRE INFORMATION SIGNED: Conway

12. SIGNATURE: *Conway*



STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

AUDITOR LAKE COUNTY
SAM O'ROURKE
JUN 8 1981

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