* ATTENTION ESTATE: Disclosure of the SS# we need to pursue our responsibilities is voluntary and there will be no penalty for refusal. *

Local No. 95-0295

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No.

759 Mathew St
Gary In. 46406

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-19-3

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

Field	Entry
1. Deceased-Name (First Middle Last)	Robert Charles DAVIS
2. Sex	Male
3a. Time of Death	12:17PM
3b. Date of Death (Month Day Yr)	April 3, 1995
4. Social Security Number	423-32-3696
5a. Age - Last Birthday (Years)	66
5b. Under 1 Year (Months / Days)	
5c. Under 1 Day (Hours / Minutes)	
6. Date of Birth (Mo Day Yr)	Dec 1, 1928
7. Birthplace (City and State or Foreign Country)	Jones, AL 36749
8a. Was Decedent a U.S. Veteran?	Yes
8b. Year Last Served in U.S. Armed Forces	1954
9a. Place of Death	Hospital: [X] Inpatient [ ] ER/Outpatient [ ] DOA; Other: [ ] Nursing Home [ ] Residence [ ] Other (Specify)
9b. Facility Name (If not institution, give street and number)	Methodist Northlake
9c. City Town or Location of Death	Gary
9d. County of Death	Lake
10. Marital Status (Specify)	Married
11. Surviving Spouse (If wife, give maiden name)	Nancy Finney
12a. Decedent's Usual Occupation (Give kind of work done during most of working life. Do not use retired)	Steelworker
12b. Kind of Business Industry	Manufacturing
13a. Residence - State	IN
13b. County	Lake
13c. City Town or Location	Gary
13d. Street and Number	759 Matthews Street
13e. Zip Code	46406
13f. Inside City Limits	[ ] No [X] Yes
13g. On a Farm?	[X] No [ ] Yes
14. Citizen of What Country?	USA
15. Was Decedent of Hispanic Origin? (If yes specify Cuban, Mexican, Puerto Rican, etc.)	[X] No [ ] Yes
16. Race - American Indian, Black, White, etc. (Specify)	Afro Amer
17. Decedent's Education (Specify only highest grade completed)	Elementary/Secondary (0-12): 10; College (1-4 or 5+):

PARENTS

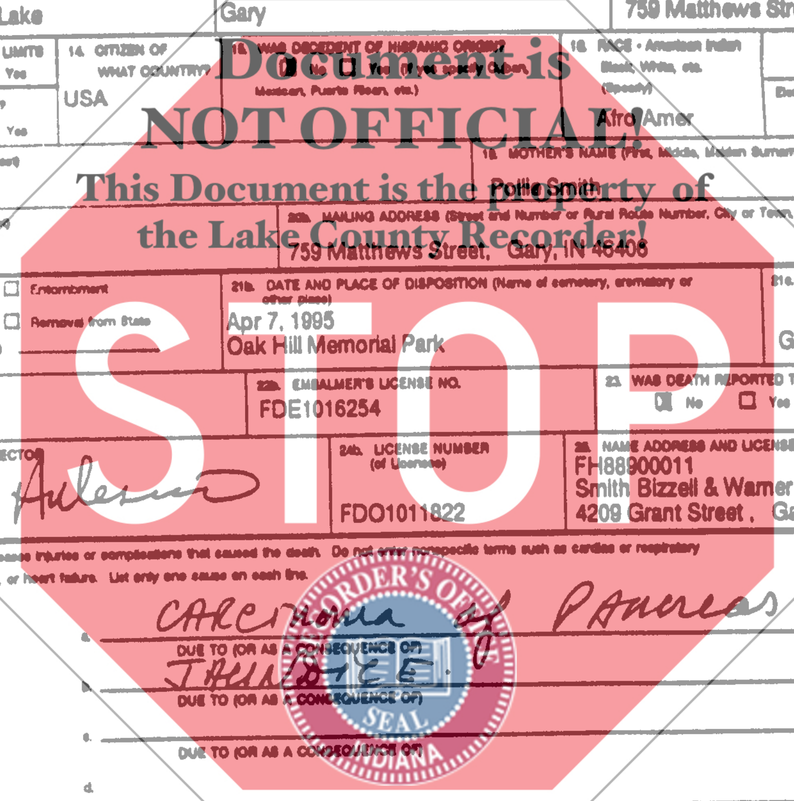
Field	Entry
18. Father's Name (First Middle Last)	Adam Davis
19. Mother's Name (First, Middle, Maiden Surname)	Pollie Smith

INFORMANT

Field	Entry
20a. Informant's Name (Type/Print)	Nancy Davis
20b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code)	759 Matthews Street, Gary, IN 46406
20c. Relationship	Wife

DISPOSITION

Field	Entry
21a. Method of Disposition	[X] Burial [ ] Cremation [ ] Donation [ ] Other (Specify) [ ] Entombment [ ] Removal from State
21b. Date and Place of Disposition (Name of cemetery, crematory or other place)	Apr 7, 1995 Oak Hill Memorial Park
21c. Location - City or Town State	Gary, IN
22a. Embalmer's Name	Sherman G. Banks
22b. Embalmer's License No.	FDE1016254
23. Was Death Reported to Coroner?	[X] No [ ] Yes
24a. Signature of Funeral Director	[signature]
24b. License Number (of Licensee)	FDO1011822
25. Name Address and License Number of Funeral Home	FH88900011 Smith Bizzell & Warner 4209 Grant Street, Gary, IN 46408



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STOP

CAUSE OF DEATH

26. PART I Enter the diseases injuries or complications that caused the death. Do not enter nonspecific terms such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.

IMMEDIATE CAUSE (Final disease or condition resulting in death)

a. Carcinoma of Pancreas

DUE TO (OR AS A CONSEQUENCE OF)

b. Jaundice

DUE TO (OR AS A CONSEQUENCE OF)

c.

DUE TO (OR AS A CONSEQUENCE OF)

d.

Conditions if any which gave rise to the immediate cause stating the underlying cause last

PART II Other significant conditions - Conditions contributing to death but not previously stated in Part I.

27. Was Decedent Pregnant or 90 Days Postpartum? (Yes or no)	28a. Was Autopsy Performed? (Yes or no)	28b. Were Autopsy Findings Available Prior to Completion of Cause of Death? (Yes or no)
No	No	No

STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

95 NOV ... AM 11:01

MARGARET ... RECORDER

FILED

NOV ... 1995

SAM ORLICH AUDITOR LAKE COUNTY

CERTIFIER

29a. Certifier (Check only one)

[X] CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place and due to the cause(s) as stated.

[ ] HEALTH OFFICER On the basis of examination and/or investigation in my opinion death occurred at the time, date, and place and due to the cause(s) as stated.

[ ] CORONER On the basis of examination and/or investigation in my opinion death occurred at the time, date, and place and due to the cause(s) and manner as stated.

Field	Entry
29b. Signature and Title of Certifier	R H Hovanessian MD
29c. Medical License No	01023583
29d. Date Signed (Month Day Year)	4/17/95
30. Name and Address of Person Who Completed Cause of Death (Item 26) (Type/Print)	Dr. Raffy Hovanessian, 7863 Broadway, Merrillville, IN 46410

HEALTH OFFICER

Field	Entry
31. Health Officer's Signature	[signature]
32. Date Filed (Month Day Year)	APR 18 1995

Field	Entry
33. Manner of Death	[ ] Natural [ ] Accident [ ] Suicide [ ] Homicide [ ] Pending Investigation [ ] Could not be Determined
34a. Date of Injury (Month Day Year)	
34b. Time of Injury	
34c. Injury at Work? (Yes or no)	No
34d. Describe How Injury Occurred	
34e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify)	
34f. Location (Street and Number or Rural Route Number City or Town State)	
34g. Date Pronounced Dead (Month, Day, Year)	
34h. Motor Vehicle Accident? (Yes or no) If yes specify driver, passenger, pedestrian, etc.	No

000964

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Key # 47-176-35

SDH 06 004 State Form ... (R4 / 3-93) DEATHCERT.PD