

4cc
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 _____
- 1 _____
- 2 _____
- 3 _____
- 4 _____
- 5 _____
- 6 _____
- 7 _____
- 8 _____

Disposition Permit
Issued 1/1/77
Provisional
Certificate
 Yes No

FILED
SAMPLER
INDIAN LAKE COUNTY

LICENSE No. 4263
 FUNERAL DIRECTOR'S LICENSE No. 627
 E. W. Towns
 FUNERAL HOME
 No. 249
 SIGNATURE: *E. W. Towns*

30
Local No. 75-0722

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

State No. _____

PERMANENT INK SEE NUMBER FOR INSTRUCTIONS		DECEASED—NAME FIRST MIDDLE LAST HARRY ROBINSON		SEX Male	DATE OF DEATH (MONTH, DAY, YEAR) 7-2-75
RACE Black	AGE—LAST BIRTHDAY (YEARS) 58	UNDER 1 YEAR MOS. DAYS	UNDER 1 DAY HOURS MIN.	DATE OF BIRTH (MONTH, DAY, YEAR) 2-27-1917	COUNTY OF DEATH Lake
CITY, TOWN, OR LOCATION OF DEATH Gary		INSIDE CITY LIMITS (SPECIFY YES OR NO) Yes	HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) Methodist Hospital		
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) Miss. U.S.A.		CITIZEN OF WHAT COUNTRY U.S.A.		MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) 10. Minnie Moore	
USUAL RESIDENCE WHERE DECEASED LIVED IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION. 12. 723-14-0841		SOCIAL SECURITY NUMBER 723-14-0841		KIND OF BUSINESS OR INDUSTRY 13. US. Steel Co.	
RESIDENCE—STATE COUNTY 14a. Indiana Lake		CITY, TOWN OR LOCATION 14c. Gary		INSIDE CITY LIMITS (SPECIFY YES OR NO) 14d. Yes	
STREET AND NUMBER 14f. 444 Johnson Street		WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		IS RESIDENCE ON FARM? 14h. YES NO	
FATHER—NAME FIRST MIDDLE LAST 15. UNKNOWN (D)		MOTHER—MAIDEN NAME FIRST MIDDLE LAST 16. Ida Robinson (D)		INFORMANT—NAME RELATIONSHIP MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 17a. Minnie Robinson wife 17c. 444 Johnson St., Gary, Indiana	
PART I. DEATH WAS CAUSED BY: [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)] APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH					
IMMEDIATE CAUSE (a) CARCINOMA PROSTATE & GENERALIZED METASTASIS		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 80 YRS			
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (A), STATING THE UNDERLYING CAUSE LAST (b) _____		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 80 YRS			
CAUSE (c) _____		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 80 YRS			
PART II. OTHER SIGNIFICANT CONDITIONS GIVEN IN PART I (A)		CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE		AUTOPSY YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES WERE FINDINGS CONFIRMED OR DETERMINED CAUSE OF DEATH? YES <input type="checkbox"/> NO <input type="checkbox"/>	
DATE & TIME OF DEATH MONTH DAY YEAR HOUR 20. JULY 2 1975 11:25 AM		DATE SIGNED MONTH DAY YEAR 21a. JULY 10 1975			
PHYSICIAN'S NAME (TYPE OR PRINT) LAST IN ATTENDANCE 22a. OSCAR DE LA PAZ		SIGNATURE OF PHYSICIAN <i>Oscar De La Paz</i>		PHY. CODE NO. 46410	
MAILING ADDRESS—PHYSICIAN STREET OR R.F.D. NO CITY OR TOWN STATE ZIP 23. 500 W. LINCOLN HWAY MERRILLVILLE IND 46410		BURIAL, CREMATION, REMOVAL (SPECIFY) 24a. Burial		CEMETERY, CREMATORY, FUNERAL HOME LOCATION CITY OR TOWN STATE 24b. Oak Hill Cemetery 24c. Gary, Indiana	
DATE (MONTH, DAY, YEAR) 24d. 7-7-75		FUNERAL HOME'S NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 25a. Towns Funeral Home 1900 W. 15th Ave, Gary, Indiana 46404			
HEALTH OFFICER—SIGNATURE <i>James T. ...</i>		DATE RECEIVED BY LOCAL HEALTH OFFICER 3-1-1975			

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**Document is
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STOP



James A. [Signature]
TH DE
RECORDS DEPT
CITY
DATE **AUG 8 1975**

9-032-253