	-V		ARE CONFIDENTIAL PI	ER IC 16-1-19-3		- 65V	36 TIME OF DEATH	13b DATE OF DEAT		
NT	ROY E. DESKINS					2 SEX MALE	9:20 A	APRIL 24	A STATE OF THE PARTY OF THE PAR	
	4. *SOCIAL SECURITY NUM		5e AGE—Lest Birthday (Years)	5b UNDER 1 YEAR			OF BIRTH (Mo. Day Yr)	The second second	od State or Foreign Countri	
1K	233-12-86	8b Y	/EAR LAST SERVED IN				. 21, 1919 OF DEATH (Check only one	See instructions	GINIA	
	A US VETERAN?		1946	HOSPITAL Inpe		_	HER Nursing Home	Other (Specify)		
	9b FACILITY NAME (If not institution, give street and number)			□ ER/Outpatient □ DOA 9c CITY TO			TOWN OR LOCATION OF DEATH 9d COUNTY OF DEATH			
	3970 OHIO STREET					GARY		LAKE		
85	(Specify) MARRIED	()	11 SURVIVING SPOUSE (If write, give meiden name) MARIE SARAH HALL		12e DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life Do not use retired) PRODUCTION WORKER		Do not use retired)	BUDD I	The state of the s	
1	130 RESIDENCE-STATE		COUNTY	13c CITY TOWN OR			136 STREET AND NUM	MBER		
	INDIANA	DE CITY I MAI	LAKE	GARY 15 WAS DECEDENT	OF HISDANIC ORI	GIN2 - 16 6	3970 OHIO		ENT'S EDUCATION	
	13e ZIP CODE 13f INSI	-	WHAT COUNTA	Mexican Puerto	Yes (If yes spe	cify Cuban.	Black, White, etc.	17	ghest grade completed)	
	46409 XXN	A FARM?	USA	NOT	OF	FI	WHITE	12	Comage (1-4 or	
	18 FATHERS NAME (First Middle, Last)						19 MOTHER'S NAME (First Middle Maiden Surname)			
	JOHN HENRY DESKINS 200 INFORMANTS NAME (Type/Print) 200 MAILING ADDRESS (Street and Number of Rursh Route Number City or Town State Zip Code) 200 Relationship									
	MARIE DESKINS 120 MAILING ADDRESS (Street and Number of Party House Number City of Town State 210 Code) 200 Mailing Address (Street and Number of Party House Number City of Town State 210 Code) 200 Mailing Address (Street and Number of Party House Number City of Town State 210 Code) 200 Mailing Address (Street and Number of Party House Number City of Town State 210 Code) 200 Mailing Address (Street and Number of Party House Number City of Town State 210 Code) 200 Mailing Address (Street and Number of Party House Number City of Town State 210 Code) 200 Mailing Address (Street and Number of Party House Number City of Town State 210 Code) 200 Mailing Address (Street and Number of Party House Number City of Town State 210 Code) 200 Mailing Address (Street and Number of Party House Number City of Town State 210 Code) 200 Mailing Address (Street and Number of Party House Number City of Town State 210 Code) 200 Mailing Address (Street and Number of Party House Number City of Town State 210 Code) 200 Mailing Address (Street and Number of Party House Number City of Town State 210 Code) 200 Mailing Address (Street and Number of Party House Number City of Town State 210 Code) 200 Mailing Address (Street and Number of Party House Number of Town State 210 Code) 200 Mailing Address (Street and Number of Party House Number of Town State 210 Code) 200 Mailing Address (Street and Number of Town State 210 Code) 200 Mailing Address (Street and Number of Town State 210 Code) 200 Mailing Address (Street and Number of Town State 210 Code) 200 Mailing Address (Street and Number of Town State 210 Code) 200 Mailing Address (Street and Number of Town State 210 Code) 200 Mailing Address (Street and Number of Town State 210 Code) 200 Mailing Address (Street and Number of Town State 210 Code) 200 Mailing Address (Street and Number of Town State 210 Code) 200 Mailing Address (Street and Number of Town State 210 Code) 200 Mailing Address (Street and Number of Town State 210 Code) 200 Mailing Address (Street and Number of Town State 210 Code)									
13	METHOD OF DISPOSIT		ntombment	216 DATE AND PLAC	E OF DISPOSITION	(Name of cemeter	ry, cremetory, or 21	c LOCATION—City or 1	own. State	
ent-reduc	Buriel Cremet Doneston Dether (smoval from State		, 1995	ETEDV		MEDDITIUTI	LE, INDIAN	
2	20 EMBALMER'S NAME	ALCOHOL:		CALUMET 226 EMBALMER'S	The state of the s	EJEKI	23 WAS DEATH REPORTE		LE, INDIA	
	JAMES J.	KRAUS	E	FD010	06463		□ No KXves			
2	40 SIGNATURE OF FUNER	AL DIRECTO	R	100,000,00	(of Lidensee)	FH 8	ME ADDRESS AND LICEN	ISE NUMBER OF FUNERA	AL HOME	
3	1	/	KAMMA		DO100646	REE	S FUNERAL HO		DE TARTA	
7	Anne)	1	Trimise			1000	W. OLD RIDO	SE KD, HOBA	ART, INDIA	
26	PARI Enter the d	sick or heart fo	nee, or complications thet ca siture. List only one cause of	n each line.					Approximate Interval Between	
-	MEDIATE CAUSE (Final		. Cer	elmora	seale	a de	cedent		Onset and De	
re	sease or condition suiting in death)			OR AS A CONSEQUENC		R'S				
C	onditions if any, which gave		DUE TO (OR AS A CONSEQUENC	E OF)				/	
-	se to the immediate cause. ating the underlying		C DUE TO (OR AS A CONSEQUENC	E OF	T=ni	<u> </u>			
Ca	buse test		0	ON AS A CONSEQUENC			2			
P	ART II. Other significant con-	deions - Conc	trisons contributing to death	but not previously stated in		VAS DECEDENT	3 28a WAS AN	UTOPSY 28b. WEF	E AUTOPSY FINDINGS	
					W. Mrs	PREGNANT OR G	DAYS PERFORME	COA	ALABLE PRIOR TO	
						N/A	NO	OF t	NO	
21	96 CERTIFIER	XX ERTIFY	ING PHYSICIAN To the I	seet of my knowledge, dea			and due to the cause(s) as	stated		
	(Check only one) 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 atsisted.									
-		-		ation and/or investigation.	in my opinion, death		ne date and place and due t			
21	296 SIGNATURE AND TITLE OF CHITIFIER						200 MEDICAL LICENSE NO 01038969		-28-95	
30	NAME AND ADDRESS O	F PERSON W	WHO COMPLETED CAUSE	OF DE TH (ITEM 6) (T	vne /Print)		01038101		20 10	
	GAIL BROWN,	www.			LVILLE,	INDIANA	46410			
3	HEALTH OFFICER'S SKIN	-		melen	TI	T'E	D.	32 DATE	R 28 1995	
_			710		411.	LL.	<u> </u>	the same of the sa	7 28 1995	
33	MANNER OF DEATH		34e DATE OF INJUR (Month, Day, Yea		(Van -	Y AT WORK?	34d DESCRIBE HOW	INJURY OCCURRED		
	□ Netural □ Pendin				MAR	02 2000			2	
	Accident Invests	Annou	*** *** ***	RY — At home, farm, stree	tectory office	341 1.0	CATION (Street and Numbe	r or Rural Route Number.	City on Town State)	
	Suicide Could		building etc (Spi	my -At nome term, stree	PETER KE COU					

25×10