Key # 46-216-6

Avery Palmer
4264 Drowfield Dr.
Trotwood, Ohio 45426

*ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pursue its statutory responsibility. Disclosure is voluntary and there will be no penalty for refusal.

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

Local No. 98-0376 State No.

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

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

1. DECEASED--NAME (First, Middle, Last): Robert Palmer
2. SEX: Male
3a. TIME OF DEATH: 9:30 A M
3b. DATE OF DEATH (Month, Day, Yr.): May 09, 1998
4. *SOCIAL SECURITY NUMBER: 303-24-7084
5a. AGE--Last Birthday (Years): 73
5b. UNDER 1 YEAR Months Days
5c. UNDER 1 DAY Hours Minutes
6. DATE OF BIRTH (Mo. Day, Yr): September 29, 1924
7. BIRTHPLACE (City and State or Foreign Country): Atlanta, Georgia
8a. WAS DECEDENT A U.S. VETERAN?: Yes
8b. YEAR LAST SERVED IN U.S. ARMED FORCES?: 1946
9a. PLACE OF DEATH (Check only one. See instructions.) HOSPITAL: [X] Inpatient [ ] ER/Outpatient [ ] DOA OTHER: [ ] Nursing Home [ ] Residence [ ] Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): Gary 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): Avery Taylor
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Meter Reader
12b. KIND OF BUSINESS/INDUSTRY: U.S. Steel
13a. RESIDENCE--STATE: Indiana
13b. COUNTY: Lake
13c. CITY, TOWN, OR LOCATION: Gary
13d. STREET AND NUMBER: 2520 Monroe Street
13e. ZIP CODE: 46407
13f. INSIDE CITY LIMITS: [ ] No [X] Yes
13g. ON A FARM?: [X] No [ ] Yes
14. CITIZEN OF WHAT COUNTRY?: U.S.A.
15. WAS DECEDENT OF HISPANIC ORIGIN? [X] No [ ] Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc.)
16. RACE--American Indian, Black, White, etc. (Specify): Afro-American
17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12): College (1-4 or 5+): 3

PARENTS

18. FATHER'S NAME (First, Middle, Last): Marcelins Palmer
19. MOTHER'S NAME (First, Middle, Maiden Surname): Mamie Sinclair

INFORMANT

20a. INFORMANT'S NAME (Type/Print): Avery Palmer
20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 2520 Monroe Street Gary, Indiana 46407
20c. Relationship: Wife

DISPOSITION

21a. METHOD OF DISPOSITION: [ ] Entombment [ ] Burial [X] Cremation [ ] Removal from State [ ] Donation [ ] Other (Specify)
21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): May 12, 1998 Oak Hill Crematory
21c. LOCATION--City or Town, State: Gary, Indiana
22a. EMBALMER'S NAME: Eddie L. Bulerin-Govain
22b. EMBALMER'S LICENSE NO.: FD29700004
23. WAS DEATH REPORTED TO CORONER? [✓] No [ ] Yes
24a. SIGNATURE OF FUNERAL DIRECTOR: Eddie L. Bulerin-Govain FD29700004
24b. LICENSE NUMBER (of Licensee)
25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME: Smith Bizzell & Warner Funeral Home, FH19800034 4209 Grant St. Gary, IN. 46408

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. Approximate Interval Between Onset and Death

IMMEDIATE CAUSE (Final disease or condition resulting in death)
a. Carcinoma Of Prostate Generalized Metastasis
DUE TO (OR AS A CONSEQUENCE OF):
b. Cardiovascular Accident
DUE TO (OR AS A CONSEQUENCE OF):
c. Congestive Heart Failure
DUE TO (OR AS A CONSEQUENCE OF):
d. Dehydration (extreme)

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 AN AUTOPSY PERFORMED? (Yes or No): No
28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or No): No

CERTIFIER

29a. CERTIFIER (Check only one)
[✓] 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.
29b. SIGNATURE AND TITLE OF CERTIFIER: [signature] MD
29c. MEDICAL LICENSE NO.: 0107944
29d. DATE SIGNED (Month, Day, Year): 05-19-98
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print): Dr. Chube 1701 Broadway Gary, Indiana 46407

HEALTH OFFICER

31. HEALTH OFFICER'S SIGNATURE: [signature] M.D. MPH
32. DATE FILED (Month, Day, Year): MAY 21 1998

33. MANNER OF DEATH: [ ] Natural [ ] Pending Investigation [ ] Accident [ ] Suicide [ ] Could not be Determined [ ] Homicide
34a. DATE OF INJURY (Month, Day, Year)
34b. TIME OF INJURY
34c. INJURY AT WORK (Yes or 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.

FILED
7 27 2000 9:00
PETER BENJAMIN
LAKE COUNTY AUDITOR
02061

2000 020772

STATE OF INDIANA LAKE COUNTY FILED FOR RECORD 2000 JUL 27 AM 9:07

SDH06-004 State Form 10110-06 (R4/3-93) Deathcer/PD 1

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