ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to bursue its statutory responsibility. Disclosure is voluntary and there will be congenity for refusal.

INDIANA STATE DEPARTMENT OF HEALTH

5.7.	CERTIFICATE OF DEATH	State No
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YPE/PRINT	1. DECEASED—NAME (First		ast)	ER 10 10-37-1-10		2. SEX	3a. TIME OF DEA	TH 25. DATE OF	DEATH (Mone	h. Day, Yr.)	
IN	Magnolia R	obin	son	n			e 1:30 A	ы Decem	December 4, 2005		
ERMANENT	4. *SOCIAL SECURITY NUMBE		5a. AGE—Last Birthday (Years)	5b. UNDER 1 YEAR Months Days	Sc. UNDER 1 D	AY 6 DATE				or Fereign Country)	
BLACK INK	486-44-510		83	Months Days	DOU'S MIN	Apr	i1 2, 1922		ld, Mi	ssissippi	
NEOFOENT	8a. WAS DECEDENT A U.S. VETERAN?	8b. Y	EAR LAST SERVED IN S. ARMED FORCES?	HOSPITAL Inper	Name to the same t		OF DEATH (Check only on				
	No		N/A	HOSPITAL Inpatient DO		OTHER Nursing Home		Other (Specify)			
	9b. FACILITY NAME (If not institution, giv					stpatient U DOA Residence 9c. CITY, TOWN, OR LOCATION OF DEATH			Y OF DEATH	-	
ECEDENT	2129 Tenne	ssee	Street	i i			Gary Lake				
	(Specify)		11. SURVIVING SPOUSE (If wife, give marden name) 12a.		12s. DECEDENT'S done during m	DECEDENT'S USUAL OCCUPATION (Give kind done during most of working life. Do not use retire		work 12b. KIND OF BUSINESS/INDUSTRY			
	Married	\rightarrow	Henry Robinson Jr.		Housewife			Own Home			
	13a. RESIDENCE—STATE	1			VN, OR LOCATION		13d. STREET AND NU				
	Indiana 136. ZIP CODE 137. INSIDE CIT		Lake	Gary				nessee Street			
	□ No		14. CITIZEN OF WHAT COUNTRY	1 7 -	res (if yes, speci		RACE—American Indian, Black, White, etc.		DECEDENT'S E golywyddighest gi	DUCATION rade completed)	
	46407 13g ON A F	RM?	USA	Mexican, Puerto R	lican, etc.)		(Specify)	Elementary/Secon		College (1-4 or 5 +)	
1	DX No	-	UJA				Black	10			
ARENTS	18. FATHER'S NAME (First, Mide				19	. MOTHER'S N	AME (First Middle, Maiden S	Surname)			
ŀ	Johnie Jacl			Jan	1	<u> Isabell</u>	a (unavaila	ble)			
TORMANI	Henry Robin		Jr.				Bural Route Number City or et Gary, Inc			sband	
	21a. METHOD OF DISPOSITION	□ E	ntomoment	216. DATE AND PLACE		··	·				
	☑ Buriel ☐ Cremation	_	emoval from State		December			tic. LOCATION—(∍n y or ≇own, Si	are	
Ì	☐ Donation ☐ Other (Spe	cify)	/]		11 Cemete			Gary,	In d ian	a.	
SPOSITION	22a. EMBALMER'S NAME:		/	226 EMBALMER'S	LICENSE NO.		23. WAS DEATH REPORT				
ļ	Sherman G.	Banl	ks MI	FD01016	254	LAL	□ No 🙀 Ye	s 🙄	Ç.	n>2	
[240. SIGNATURE OF FUNERAL	DIRECTO	7712		CENSE NUMBER	25. N	AME. ADDRESS. AND LICE	NSE NUMBER OF F	UNERAL HOM	r.m.	
		10	*/ W 100	cument	of Licensee)		th Bizzell				
Ļ	× new	/ >	HUN	ake CFD	01016254	con ⁴²⁰	9 Grant Str	eet Car	, IN	46408	
:			es, or complications that cau illure. List only one cause on		er nonspecific terms,	such as cardiac	or respiratory	mg	e	Approximate	
		or meant ra	inure. List only one cause on	each line.	0.00	_		73 ₹	್ರಾ 🖯	Interval Between Onset and Death	
AUSE OF	IMMEDIATE CAUSE (Final disease or condition		DUE TO (O	R AS A CONSEQUENCE	(S (S (S (S (S (S (S (S (S (S	>		and the same	کے ا	months	
	resulting in death)		· null		e cubi	tus	ulcese	>	- S (uear	
	Conditions, if any, which gave rise to the immediate cause,		DUE TO (O	R AS A CONSEQUENCE	OF).		2-1-0/2		<u> </u>		
	stating the underlying		DUE TO (O	R AS A CONSEQUENCE	OF)	e a	Cerclen	<u> </u>		~	
[cause lest		d.								
 	PART II. Other significant condition	s - Condi	tions contributing to death hi	it not previously stated in	Part I			 			
	rn		f L	WIII.	PF PF	AS DECEDENT REGNANT OR S		D?	. WERE AUTO AVAILABLE	PRIOR TO	
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			Julko		OSTPARTUM?	(Yes or of		OF DEATH?	N OF CAUSE (Yes or no)	
29	$\overline{}$		0		300						
							and due to the cause(s) as				
		DRONER					at the time, date, and place, as				
29	96. BIGNATURE AND TITLE OF	$\overline{}$	on the besis of examinati	on and/or investigation, in	my opinion, death oc		ne, date and place, and due t				
RTIFIER	Muy	F	1/1		JANATHI		290. MEDICAL LICENSE N	O 29d	DATE SIGNED	(Month, Day, Year)	
	O NAME AND ADDRESS OF PE	SON WI	IO COMPLETED CAUSE OF	F DEATH (IJEM 26) (Typ	ne/Print)		0108780	5 12	17/5	12// 22	
	Domalli		FORTSO	NA INA	\sim	977	7 20	tighla	ALS	N 7632.	
LTH 31	1. HEALTH OFFICE S SCHATU	RE	0000	1	· · · · · · · · · · · · · · · · · · ·	<u> </u>		V 7. V	E ED (M	100th Several E	
ICER)		•			DEC	232005	
33	3 MANNER OF DEATH		346 DATE OF INJURY	34b. TIME OF	34c INJURY	AT WORK?	34d. DESCRIBE HOW	MUURY OCCUBRE	P-	20, 15	
j	☐ Natural ☐ Pending		(Month, Day, Year)	YRULMI	(Yes or no	0)	JUL	N 2 4 200		CO MA	
	Natural Pending Investigation Accident								''	(*\partial)	
	Suicide Could not b	,	34e. PLACE OF INJURY building, etc. (Special	(—At home, farm, street, fy)	factory. office	34f LO	CATION (Sizee) and Numbe	r or Rural Route Nu	MAC Page	pwn. State)	
	Determined Homicide			-	0092	18	LAKE	يهر ۲ , لايان	DITOP		
34	DATE PRONOUNCED DEAD	Month D	ty Year) 34h MOTOS	VEHICLE ACCIDENTS :	Van as s=1. #			, , ,	21100		
1"			Sau WOTOR	VEHICLE ACCIDENT? (resorno) If yes.sp	pecify driver, pas	ssenger, pedestrian, etc				
										1	