

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

State No.

Local No. ...05-067/.....

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-37-1-10

TYPE/PRINT IN PERMANENT BLACK INK

Form with fields for: 1. DECEASED—NAME (Magnolia Robinson), 2. SEX (Female), 3a. TIME OF DEATH (1:30 AM), 3b. DATE OF DEATH (December 4, 2005), 4. SOCIAL SECURITY NUMBER (486-44-5101), 5a. AGE—Last Birthday (83), 6. DATE OF BIRTH (April 2, 1922), 7. BIRTHPLACE (Merigold, Mississippi), 9a. PLACE OF DEATH (Residence), 9b. FACILITY NAME (2129 Tennessee Street), 9c. CITY, TOWN, OR LOCATION OF DEATH (Gary), 9d. COUNTY OF DEATH (Lake), 10. MARITAL STATUS (Married), 11. SURVIVING SPOUSE (Henry Robinson Jr.), 12a. DECEDENT'S USUAL OCCUPATION (Housewife), 12b. KIND OF BUSINESS/INDUSTRY (Own home), 13a. RESIDENCE—STATE (Indiana), 13b. COUNTY (Lake), 13c. CITY, TOWN, OR LOCATION (Gary), 13d. STREET AND NUMBER (2129 Tennessee Street), 13e. ZIP CODE (46407), 14. CITIZEN OF WHAT COUNTRY? (USA), 15. WAS DECEDENT OF HISPANIC ORIGIN? (No), 16. RACE—American Indian, Black, White, etc. (Black), 17. DECEDENT'S EDUCATION (10), 18. FATHER'S NAME (Johnnie Jackson), 19. MOTHER'S NAME (Isabella (unavailable)), 20a. INFORMANT'S NAME (Henry Robinson Jr.), 20b. MAILING ADDRESS (2129 Tennessee Street Gary, Indiana 46407), 20c. Relationship (Husband), 21a. METHOD OF DISPOSITION (Burial), 21b. DATE AND PLACE OF DISPOSITION (December 9, 2005, Oak Hill Cemetery), 21c. LOCATION—City or Town, State (Gary, Indiana), 22a. EMBALMER'S NAME (Sherman G. Banks III), 22b. EMBALMER'S LICENSE NO (FD01016254), 23. WAS DEATH REPORTED TO CORONER? (Yes), 24a. SIGNATURE OF FUNERAL DIRECTOR, 24b. LICENSE NUMBER (FD01016254), 25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME (Smith Bizzell & Warner, 4209 Grant Street Gary, IN 46408), 26. PART I: IMMEDIATE CAUSE (Cerebro sepsis, multiple decubitus ulcers, cerebrovascular accident), 26. PART II: Other significant conditions (immobility), 27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (No), 28a. WAS AN AUTOPSY PERFORMED? (No), 28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (No), 29a. CERTIFIER (Certifying Physician), 29b. SIGNATURE AND TITLE OF CERTIFIER, 29c. MEDICAL LICENSE NO (01087803), 29d. DATE SIGNED (12/9/05), 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Darrell L. Fortson, M.D., 9727 Highgate, IN 46322), 31. HEALTH OFFICER'S SIGNATURE, 33. MANNER OF DEATH (Natural), 34a. DATE OF INJURY, 34b. TIME OF INJURY, 34c. INJURY AT WORK? (No), 34d. DESCRIBE HOW INJURY OCCURRED (009218 LAKE COUNTY AUDITOR), 34e. PLACE OF INJURY, 34f. LOCATION (LAKE COUNTY, INDIANA), 34g. DATE PRONOUNCED DEAD, 34h. MOTOR VEHICLE ACCIDENT? (No)

25 45 0105 - 0039

DECEDENT

PARENTS

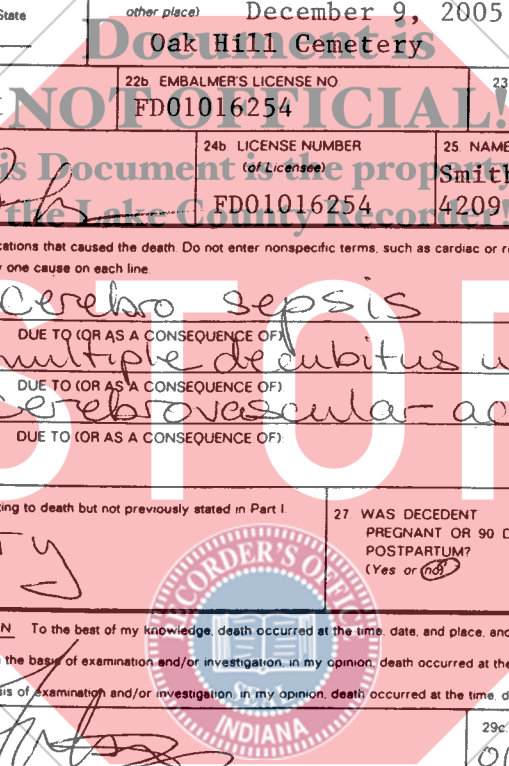
INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER



Vertical stamp: STATE OF INDIANA, LAKE COUNTY, DEPARTMENT OF HEALTH, DECEASED, 12/04/2005, 10:26 AM, APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 1 year, 2 months

FILED stamp: JUN 24 2008, 11:00 AM, 46407, INDIANA AUDITOR