ATTENTION ESTATE. The Social Security # is eing requested by this state agency in order to ursue its statutory responsibility. Disclosure is pluntary and there will be no penalty for refusal.

45-08-09-303-019.000-004 45-08-09-303-020-000-004 INDIANA STATE DEPARTMENT OF HEALTH

ocal No.	,,,,,,				ĺ	١	6		Í)	ĺ	À	۳	y	2		
ocal No.									•		. :	٠.			4		

CERTIFICATE OF DEATH

State No.

	* THE RECORDS IN THIS S	ERIES ARE CONFIDENTIAL P	ER IC 16-37-1-10										
YPE/PHINT	1 DECEASED-NAME (First M	iddle Laat)			2 SEX	_	38 TIME OF DEA	TH 3b DAT	E OF DEATH (Mon	oth Day Yr)			
IN	ROBERT LYL	ES			MAI	ΣE	9:23a	M FEB	RUARY	3,2006			
ERMANENT	4 *SOCIAL SECURITY NUMBER	5a AGE—Last Birthday	56 UNDER 1 YEAR				RTH (Mo Day Yr)						
BLACK INK	427-01-9507	(Years)	Months Day	a Hours	Minutes N	1AY 1	12,1922	SHAN	NON MT	SSISSIPPI			
DE MOIN II WIN	88 WAS DECEDENT	86 YEAR LAST SERVED IN								001001111			
	A US VETERAN?	US ARMED FORCES?	HOSPITAL Inp	atient		OTHER	☐ Nuraing Home	Other (Sa	EEBRUARY 3, 2 RITHPLACE (City and State or Fore HANNON, MISSI Instructions) Where (Specify) 99 COUNTY OF DEATH LAKE 17 DECEDENT'S EDUCAT (Specify of Death of Death of December 19 of Dec				
	YES	1946	X ER	/Outpatient	DOA		Residence						
	96 FACILITY NAME (If not institut	non give street and number)			9c CITY TO	WN OR LO	CATION OF DEATH	94 CO					
ECEDENT	METHODIST H	OSPITAL NORT	HLAKE		GARY	7		T,A					
	10 MARITAL STATUS	11 SURVIVING SPOUSE		12e DECEDE	NT'S USUAL (OCCUPATION	ON (Give kind of work			NDUSTRY			
	(Specify) MARRIED	(If wife give maiden name) MARY JENKIN	S		-	-	not use retired)	COM	мпретл	Т			
	13a RESIDENCE—STATE	13b COUNTY	13c CITY TOWN OF		XIV 12 1 1712		ISO STREET AND N		THPLACE (City and State or Foreith ANNON, MISSI attructions) or (Specify) or (Specif	111			
		TAUE											
	INDIANA	LAKE Y LIMITS 14 CITIZEN OF	GARY 15 WAS DECEDEN	T OF HISDANIC	OBIGIN?	16 BACE	1409 W.			EDITICATION:			
	□ No □				specify Cuban		k White etc						
	46407 13g ON A FAR		Mexican, Puerto	Ricen etc)		(Spacify)		Elementary/S	College (1-4 or 5 +)				
	X0 № [U.S.A.				BI	JK.	9th	. 0				
ARENTS	18 FATHER'S NAME (First Middle	Lasti			19 MOTHE	RS NAME ((First Middle Maiden	Surneme)					
ALIENTO	WILLIE LYLE	S SR.		NIN	JA JA								
FORMANT	20a INFORMANT'S NAME (Type)		20b MAILIN	NINA JACKSON (Street and Number or Bural Route Number, City or Town State, Zip Code) 700 Relationship									
IFUHMAINT	MARY LYLES		1409	W.17	h. AVI	CAR	Y TND 4	16407		ਜਜ਼			
	218 METHOD OF DISPOSITION	☐ Entombment	21b DATE AND PLA	_									
	■ Burial □ Cremation	Removal from State	other place)	FEBRUA			· · · · · · · · · · · · · · · · · · ·	FEBRUARY 3, 20 7 BIRTHPLACE (City and State or Foreign SHANNON, MISSIS One See Instructions) 9 Cother (Specify) 1 9d COUNTY OF DEATH LAKE 1 12b KIND OF BUSINESS/INDUSTRY R COMMERCIAL 17 DECEDENTS EDUCATIO (Specify or Laurenses) 17 Th. AVE. 17 DECEDENTS EDUCATIO (Specify or Laurenses) 18 Elementary/Secondary (0-12) College (19 of Laurenses) 19 Town State. Zip Code) 20 Relationship 46 40 7 21c LOCATION—City or Town State GARY, INDIANA DRIED TO CORONER? Yes CENSE NUMBER OF FUNERAL ROSE RAL HOME 30 0.25 1-8 NGTON ST. GARY, IN Approximately Approximately					
	☐ Donation ☐ Other (Speci		OAK HIL			, 200		GARY,	INDIAN	A			
0000171011	22e EMBALMER'S NAME		22b EMBALMER			22	WAS DEATH BEDO	PTED 10 0000	AIED2				
SPOSITION		DD				23		ER COMMERCIAL D NUMBER W. 17 th . AVE. an. 17 DECEDENT'S EDUCATION (Specify on Library grade completed) Elementary/Secondary (0-12) 9th. Tyor Town State. Zip Code) Tyor Town State. Zip Code) PE A6407 21c LOCATION—City or Town State GARY, INDIANA EPORTED TO CORONER? Ves CICICENSE NUMBER OF FUNERAL ROSE ERAL HOME 3002518 INGTON ST. GARY, IND. Approxymeter Interval Betw. Onset and De SAN AUTOPSY ORIMED? OF DEATH? (Yes or no) N/A ((s) as stated lace and due to the cause(s) as stated					
	JOHN V. HOW		860044						FEBRUARY 3, 200 SIRTHPLACE (City and State or Foreign Co. HANNON, MISSISS INSTRUCTIONS) Other (Specify) 9d COUNTY OF DEATH LAKE 2b KIND OF BUSINESS/INDUSTRY COMMERCIAL 17 DECEDENTS EDUCATION (Specify of Dumest grade complete mentary/Secondary (0-12) 9th. OTHER State, Zip Code) OTHER OCATION—City or Town State RY, INDIANA O CORONER? NUMBER OF FUNERAL TOE HOME 300251-8 ON ST. GARY, IND Approxym Interval Bi Onset and COMPLETION OF CAUSE OF DEATH? (Yes or no) N/A de to the cause(s) as stated 129d DATE SIGNED (Month, De) OTHER OTHER 132 DATE FILED (Month, Day Ye FEB 09 IRY OCCURRED				
	248 SIGNATURE OF FUNERAL DI		246	(of Licensee)	BER								
	Will to						1 1						
	1 1041 414	Source		14618		1020	WASHI	NGTON	ST.GAR	, IND. 404			
		es, injuries, or complications that ce		enter nonspecific	terms such as o	ardiac or re	spiratory		H (Approximate			
	arrest, shock or	(Interval Between										
	IMMEDIATE CAUSE (Final	· Cardi	opnmo	nary	an	Sux r			7	Chise and Depth			
AUSE OF	disease or condition resulting in death)	\cap \vdash	OR AS A CONSEQUEN	. 6		9 -	014.0	1 1	()	:.\$			
EATH	Contract data which are		OR AS A CONSEQUEN		VYYY	ery	willy	as	<u>son</u>				
	Conditions, if any which gave rise to the immediate ceuse	Dia	o to inserve	Will-to	Ĭ.	,	/			· ·			
	stating the underlying cause last	·	OR AS A CONSEQUEN						· · · . <u>-</u>	<u>r</u>			
	C0000 7001	· Laber	tension	, 0	usetin	val	Smal at	appid	Veni-				
ĺ	PART II Other significant conditions	,		- P					FEBRUARY 3, 20 INTERPLACE (City and State or Foreign HANNON, MISSIS INSTRUCTIONS) Other (Specify) 9d COUNTY OF DEATH LAKE 15 KIND OF BUSINESS/INDUSTRY COMMERCIAL 17 DECEDENTS EDUCATIO (Specify or Lambest grade complemiary/Secondary (0-12) College (1) 9th. OTHER COMPANY OCORONER? STATE AUTOPSY FINITE OF TOWN State RY, INDIANA OCORONER? SUMBER OF FUNERAL PARE HOME 300251-8 ON ST. GARZ, IN Approximately of Completion of CA OF DEATHY (Yes or not N/A) To to the cause(s) as stated Cause(s) and manner as stated 29d DATE SIGNED (Month. Day FEB 0 RY OCCURRED				
	x legizestipi		vetali co	mr.	77 WAS DECE PREGNAN	EDENT TOR 90 D							
	1 Halsonby	cerrie, pri	VS14W G	· · · ·	POSTPAR (Yes or no		(Yes or r	10)					
					N/A	,,	NO	Elementary/Secondary (0-12) 9th. 10 Maiden Surname) ON 10 Mer. City or Town State. Zip Code) 11 C LOCATION—City or Town State GARY, INDIANA TH REPORTED TO CORONER? 12 Yes AND LICENSE NUMBER OF FUNERAL THE UNERAL HOME 30025 SHINGTON ST. GARY, WAS AN AUTOPSY PERFORMED? (Yes or no) COMPLETION OF DEATH? (Yes NO Cause(s) as stated and place and due to the cause(s) as stated ce and due to the cause(s) and manner as stated LICENSE NO 1037 12 DATE FILED (Month) CRIBE HOW INJURY OCCURRED					
ľ	29a CERTIFIER . D C	ERTIFYING PHYSICIAN To the h	est of my knowledge de	ath occurred at 1		nd place and		as stored	N/ A				
	(Charle 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 stated CDRONER 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												
-			ition and/or investigation	- In my opinion c	- CCOTTEG E								
RTIFIER	296 SIGNATURE AND TITLE OF CERTIFIER 290 MEDICAL LICENSE NO 290 DATE SIGNED (Month. Dey Year) 291 MOLICENSE NO 290 MEDICAL LICENSE NO 290 MOLICENSE NO 290 MO												
1	1 Com des 5/1/1/05/ / 020/06												
	30 NAME AND ADDRESS OF DEADN WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) R 3 C Road way. Crown los rd INL												
	Ray whenveel M) Misson 1011												
ALTH	31 HEALTH OFFICERS SIGNATUR		()	£	* *			1					
FICER							<u> </u>		<u> </u>	B 0 9 5000			
	33 MANNER OF DEATH	348 DATE OF INJUR			JURY AT WOF		34d DESCRIBE HO	W INJURY OCC	URRED	411			
	₩ _	(Month Day Yea	r) INJURY	n	FC 70 6	2010				PHI			
	Natural Pending investigation									A<			
	Accident	34e PLACE OF INJU	RY—At home farm stre	101- <u>Perportality</u>	HOLING	AA KA	TONA and Num	ber or Rural Rou	te Number City o	r Town State)			
	Suicide Could not be Determined	building etc (Spe	cify)	EUUT	LANDO:	√ ΔΙΙΓ	NITOR		-,-	71			
	Homicide			AKE (,OON I	I AUL	,,,,			('∧^			
	34g DATE PRONOUNCED DEAD	Month Day Year) 34h MOTO	R VEHICLE ACCIDENT	? (Yes or no)	yes specify d	river passen	nger pedestrien etc						
3													