10 1 Call		الا المراقب المساول والمن المراقب المر المراقب المراقب المراق	and section		And the second s		- Mary T		angere en son en			
being requested by pursue its statutor voluntary and there	y this state age	ency in order v. Disclosure	to is	NDIANA S'	TATE DEP				NLTH State N	ło		
Local No	THE BECOR	DS IN THIS SE	RIES ARI	E CONFIDENTIAL PE	R IC 16-1-19-3							
TVDE (DDINIT	1 DECEASED—						2. SĐ	(3a. TIME OF DEATH	3b DATE OF	DEATH (Month Day, Yr.)	
TYPE/PRINT IN	Joseph					Rollins		le	9:25 AM	l <u> </u>	September 26, 1998	
PERMANENT		4. *SOCIAL SECURITY NUMBER		e. ACE-Lest Birthday	5b. UNDER 1 YEAR	5c UNDE					BIRTHPLACE (City and State or Foreign Country)	
BLACK INK	239-12-5361		(Years)		Months Days	Hours	Hours Minutes Rocky September 02,1919 N.C.		ky Mount			
DE TOR INTE	8a WAS DECEDENT		86 YEAR LAST SERVED IN				9a	De PLACE OF DEATH (Check only one. Se				
	A U.S. VETERAN?		U.S. ARMED FORCES?		HOSPITAL Inpetient		OTHER		☐ Nursing Home	Other (Specify	Other (Specify)	
	Yes		1952		☐ ER/0	Outpatient			Residence			
DECEDENT	9b. FACILITY NAME (if not institution, give street and number)							c. CITY, TOWN, OR LOCATION OF DEATH			9d. COUNTY OF DEATH	
	St. Anthony Nursing Home							wn Poin		Lake		
	10. MARITAL STATUS (Specify) Married		11. SURVIVING SPOUSE (If wife, give maiden name) Ruth Crawford			12a. DECEDE done dur	NT'S USUAL OCCUPATION on g most of working life. Do i		N (Give land of work of use retired)	12b. KINI SUSINESS/INDUSTRY		
						Retired Lo					Ban P	
	13a RESIDENCE—STATE		136. COUNTY		13c. CITY, TOWN, OR LOCATION		13		d. STREET AND NUM	IBER	•	
	Indiana		Lake		Crown Point				730 S. Ea	st Stre		
	13e. ZIP CODE 13f. INSIGE CIT		Y LIMITS 14 CITIZEN OF WHAT COUNTRY?				(6		(Spech	DECEDENT'S EDUCATION Only highest grade completed)		
	13g. ON A FARM?				Mexican, Puerto Rican, etc.)						Gary (0-12) College (1-4 or 5 +)	
	46307 5-No D ves USA								White		12 N/A	
PARENTS	18 FATHERS NAME (First Middle, Lead) 19. MOTHER'S NAME (First Middle, Maiden Surname)										•	
	Joseph J Rollins Bessie Keen									_		
	- _	_								ي	<u> </u>	
INFORMANT	20e INFORMANT	_	Printi				treet and Nu	mber or Rural Ro	een oute Number City or To own Point	own State. Zip	<u> </u>	
INFORMANT	20e INFORMANT	ROlli	Printi	mbment	730 8	East	reet and Nu	umber or Rural Ro eet, Cr	own Point	own State Zip	20c Relationship Wife	
INFORMANT	20s INFORMANT Ruth I 21s. METHOD OF	ROLLI DISPOSITION Cremetion	Printi DS Ento	mbment oval from State	730 S 21b DATE AND PLAC September	E OF DISPOSIT	Street and Nu	umber or Rural Ro eet, Cr	OWN Point metory, or 21	own State Zip	20c Reletionship Wife City or Town, State	
INFORMANT	20a INFORMANT Ruth I 21a. METHOD OF Struck Donation	CS NAME (Type) ROlli F DISPOSITION Cremetion Other (Speci	Printi DS Ento		730 S 21b DATE AND PLACE September MAPLEWOOD	30, 1	Street and Nu	ember or Rural Ro eet, Cr of cemetery, cre	own Point metory, or 21	own State Zip Co., IN c LOCATION—C	20c Reletionship Wife City or Town State	
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CERTIFIER

HEALTH OFFICER

MEDICAL LICENSE NO

E

RA

01039302

 September 26, 1998

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

ND ADDRESS OF PERSON WHO COMPLETED GAUSE OF DEATH (ITEM 26) (Type/Print)

34g DATE PRONOUNCED DEAD (Month. Day. Year) 34h MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, pessenger pedestrian, etc.