YPE/PRINT IN	1. DECEASED-NAM		THIS SERIES	ARE CONFIDEN	ITIAL PER	IC 16-37-1-10		2, SEX		las Tites	OF DEATH	Tab DATE OF	F DEATH (Month, Day	W-1
	Norma	L.		obbins				Fema	r	8:45			er 11, 2004	, 17.)
ERVANENT	4. *SOCIAL SECUR	4. *SOCIAL SECURITY NUMBER 5a ACE			-Last B rincay (Years) 5b UNDER Months				Minutes				THPLACE (C:ly and State or Fore-rgn Country)	
LACKINK	8a. WAS DECEDEN		8b. YEAR LAST	SERVED IN				9a. Pl	October 98. PLACE OF DEATH (C			funci , Indiana		
	A US. VETERAL No	N?	N/A	FORCES?		HOSPITAL	Inpatient ER/Outpatient	□ DOA	OTHER		Nursing Ho	me	Other (Specify)	
ECEDENT	9b. FACILITY NAME (If not institution, give street and number) 8400 W CR 400S					90. CITY, TOWN, OR LOCAT YORKTOWN				DEATH 9d. COUNTY OF DEATH Delaware				
	10. MARITAL STATUS 11. SURVIVING S (Specify) (If wife, give in			SPOUSE makten name)			12a. DECE done	12a. DECEDENT'S USUAL OCCUPATION (Give kild done during most of working life. Do not use in			nd of work			,
	Married 13a. RESIDENCE-STATE Indiana		Walter C. Robbins 13b. COUNTY Delaware		13c. CITY, TOWN, OR LOCATION		Clerk	Clerk			Departme			
					2000	Yorktown					8400 W C			
			E CITY LIMITS No Yes	14 CITIZEN OF WHAT COUN	TRY?	AS DECEDENT OF No Yes (lexican, Puerto Ricar	HISPANIC ORIGIN?	16	18. RACE- American Indian, Black, White etc (Specify)		. 17 DECEDENT'S EDUCATION (Specify only highest grado completed) Elementary/Secondary (0-12) College (1-4 o		d)	
		13g. ON A				rucito Ricili	, -10.7						College (1	College (1-4 or 5+)
	47396 18. FATHER'S NAM	NE (Elect 15)	No Yes	USA			140 440		Vhite			12		1
ARENTS	August	Ha	aas		I and		Mabel		Worthen					
NFORMANT						20b. MAILING ADDRESS (Street and Number or Rural Routo Number, City or Town, State, Zip Code) 8400 W CR 400S, Yorktown, IN 47396							20c. Relationship Husband	
	21a. METHOD OF DISPOSITION Entombrent				other	21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, cramatory, or other place)					OCATION - CIT			
	Burial Donation	Cremati		emoval from State		nber 15, 200 ns of Memor				Mu	ncie, India	na		
ISPOSITION	22a. EMBALMER'S		уреспу)			22b. EMBALMER	S LICENSE NO.	23	. WAS DEATH	REPORTE	TO CORONE	17		
	James R. Fornoff 249. SIGNATURE OF FUNERAL DIRECTOR					FD01005386 ⊠No □Yes								
	DATE CONTACTION OF		DUDENTOD						100					
	24a. SIGNATURE C		DIRECTOR	2		24b. LICEN (of LL	SE NO censee)	The	NAME, ADDRE	SS, AND LI		R OF FUNERAL	HOME St., Muncle, IN	47305
	24a. SIGNATURE O Doza 26 PART I.	of FUNERAL Lan	ter the diseases.	injunus, or complex	tions that ca	24b. LICEN (of LI FD0100	SE NO censee)	The FH	NAME, ADDRE	ess, and Li lortuary,			St., Muncle, IN	10
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