

1- *no permit*

TYPE OR PRINT
PLAINLY WITH
UNFADING INK

THIS IS A
PERMANENT
RECORD

Below for State Office Use

A 49

B 1

C 29--

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E 4272

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Disposition Permit Issued 1/1

Provisional Certificate Yes No

FUNERAL HOME No. 787

FUNERAL DIRECTOR'S LICENSE No. 2464

EMBALER'S NAME Morris T. Kercheval

FUNERAL DIRECTOR'S SIGNATURE Morris T. Kercheval

77-001966

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

Local No. 00212 State No. _____

PERMANENT INK SEE HANDBOOK FOR INSTRUCTIONS

DECEASED—NAME FIRST MIDDLE LAST SEX DATE OF DEATH (MONTH, DAY, YEAR)

1. CORA Irene ROBBINS 2. Female JAN 10 1977

RACE AGE—LAST BIRTHDAY (YEARS) UNDER 1 YEAR UNDER 1 DAY DATE OF BIRTH COUNTY OF DEATH

4. White 5a. 61 5b. — 5c. — 6. 1-18 7a. MARION

CITY, TOWN, OR LOCATION OF DEATH INSIDE CITY LIMITS (SPECIFY YES OR NO) HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)

7b. INDIANAPOLIS 7c. YES 7d. METHODIST HOSPITAL

DECEASED STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) CITIZEN OF WHAT COUNTRY MARRIED NEVER MARRIED SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)

8. Indiana 9. U.S.A. 10. — 11. MYRON Robbins

USUAL RESIDENCE WHERE DECEASED LIVED, IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) KIND OF BUSINESS OR INDUSTRY

13a. HOUSEWIFE 13b. domestic

RESIDENCE—STATE COUNTY CITY, TOWN OR LOCATION INSIDE CITY LIMITS (SPECIFY YES OR NO) TOWNSHIP

14a. IND 14b. Hamilton 14c. SHERIDAN 14d. no 14e. Adams

STREET AND NUMBER 14f. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) 15 RESIDENCE ON A FARM?

14f. R.R. #2 14g. no 14h. YES NO

PARENTS FATHER—NAME FIRST MIDDLE LAST MOTHER—MAIDEN NAME FIRST MIDDLE LAST

15. Isacc Brown 16. Bessie Summitt

INFORMANT—NAME RELATIONSHIP MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)

17a. Myron Robbins 17b. Husband 17c. R.R. #2, Sheridan, IN. 46069

PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (d)) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

18. 4372 (a) CARDIO-PULMONARY ARREST

CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (A), STATING THE UNDERLYING CAUSE LAST (b) DUE TO, OR AS A CONSEQUENCE OF:

CAUSE (c) DUE TO, OR AS A CONSEQUENCE OF:

PART II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE AUTOPSY YES NO IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH 19a. YES NO

CARCINOMA OS BREAST 19a. YES NO

DATE & TIME OF DEATH MONTH DAY YEAR HOUR DATE SIGNED MONTH DAY YEAR

20. 1 10 77 6:00 A.M. 21a. 10 77

PHYSICIAN'S NAME (TYPE OR PRINT) WILLIAM DUGAN, M.D. SIGNATURE OF PHYSICIAN William Dugan PHY. CODE NO.

M. D. OR D. O. 22a. Wm Dugan / Leamora 22b. INDIANAPOLIS 22c. IND 22d. 46202

MAILING ADDRESS—PHYSICIAN STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP

23. 3524 N. Meridian St 23a. INDIANAPOLIS 23b. IND 23c. 46202

BURIAL, CREMATION, REMOVAL CEMETERY, CREMATORY, FUNERAL HOME LOCATION CITY OR TOWN STATE

24a. Burial 24b. Crown View Cem. 24c. Sheridan, In.

DISPOSITION DATE (MONTH, DAY, YEAR) FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)

24d. 1/12/77 25a. Kercheval Funeral Home Box 42, Sheridan, Indiana 46069

HEALTH OFFICER—SIGNATURE DATE RECEIVED BY LOCAL HEALTH OFFICER

25b. — 25c. — 25d. JAN 12 1977

113-3 PD-10 100M