

TYPE OR PRINT  
PLAINLY WITH  
UNFADING INK  
THIS IS A  
PERMANENT  
RECORD

Below for State Office Use

- A 18
- B 11
- C 1884
- D 4
- E 893-
- F 0
- G 11
- H 4
- I 1
- J \_\_\_\_\_
- 1 \_\_\_\_\_
- 2 \_\_\_\_\_
- 3 \_\_\_\_\_
- 4 \_\_\_\_\_
- 5 \_\_\_\_\_
- 6 \_\_\_\_\_
- 7 \_\_\_\_\_
- 8 \_\_\_\_\_

Disposition Permit Issued 1/1

Provisional Certificate  
 Yes  No

FUNERAL HOME No. 191

FUNERAL DIRECTOR'S LICENSE No. 1022

EMBALMER'S NAME Robert M. Eadders

FUNERAL DIRECTOR'S SIGNATURE Robert M. Eadders

Local No. 77-54 INDIANA STATE BOARD OF HEALTH CORONER'S CERTIFICATE OF DEATH Death No. 77-000517

PERMANENT INK SEE HANDBOOK FOR INSTRUCTIONS		DECEASED—NAME			SEX	DATE OF DEATH (MONTH, DAY, YEAR)
1. Philip E. ROBBINS		2. Male			3. January 15, 1977	
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)		AGE—LAST BIRTHDAY (YEARS)	UNDER 1 YEAR MOS.	UNDER 1 YEAR DAYS	UNDER 1 YEAR HOURS	UNDER 1 YEAR MIN.
4. White		5a. 30	5b.	5c.	6. 10-10-40	7a. Delaware
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. Yorktown		7c. Yes		7d. 312 South Walnut Street		
STATE OF BIRTH (IF NOT IN U.S.A.)		CITIZEN OF WHAT COUNTRY		SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)		
8. Indiana		9. U.S.A.		10. Married		
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		
RESIDENCE—STATE		CITY, TOWN OR LOCATION		INSIDE CITY LIMITS (SPECIFY YES OR NO)		
14a. Indiana		14c. Yorktown		14b. Yes		
STREET AND NUMBER		14d. 312 South Walnut Street		14e. Mt. Pleasant		
FATHER—NAME		MOTHER—MAIDEN NAME		14f. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
15. Walter C. Robbins, Sr.		16. Norma Haas				
INFORMANT—NAME		RELATIONSHIP		MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)		
17a. Mrs. Patricia Ann Robbins		17b. Wife		17c. 312 S. Walnut, Yorktown, Indiana		
PART I. DEATH WAS CAUSED BY:		PART II. OTHER SIGNIFICANT CONDITIONS				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
18. IMMEDIATE CAUSE		(a) carbon monoxide poisoning				
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (A), STATING THE UNDERLYING CAUSE LAST		(b) while sleeping in garage				
		(c) undeterminedly accident.				
CAUSE		AUTOPSY (YES OR NO)		IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH		
PART I. (A)		19a. Yes		19b.		
ACCIDENT, SUICIDE, HOMICIDE, (DATE OF INJURY (MONTH, DAY, YEAR) OR INJURY AT WORK (SPECIFY))		HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II. ITEM 18)		20a. <u>undeterminedly</u>		
20b. <u>same</u>		20c. <u>fell asleep while in car in garage. Motor was running.</u>				
INJURY AT WORK (SPECIFY YES OR NO) PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)		LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)		20g. 312 S. Walnut St.		
20e. no		20f. at home		20g. 312 S. Walnut St.		
CORONER'S CERTIFICATION		R—ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED				
DEATH OCCURRED (HOUR)		THE DECEDENT WAS PRONOUNCED DEAD (MONTH DAY YEAR)		DATE SIGNED (MONTH, DAY, YEAR)		
21a. 7:00A.		21b. Jan 15 1977		21c. Jan. 20, 1977		
CERTIFIER—NAME (TYPE OR PRINT)		SIGNATURE		(DEGREE OR TITLE)		
22a. Rodney W. Qualkinbush		22b. <u>Rodney W. Qualkinbush</u>		Coroner		
MAILING ADDRESS—CERTIFIER		CITY OR TOWN		STATE		
23. Delaware County Building		Muncie		Indiana		
BURL, CREMATION, REMOVAL (SPECIFY)		CEMETERY, CREMATORY, FUNERAL HOME		LOCATION CITY OR TOWN STATE		
24a. Burial		24b. Gardens of Memory		24c. Muncie, Indiana		
DATE (MONTH, DAY, YEAR)		FUNERAL HOME—NAME AND ADDRESS		(STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)		
24d. Jan. 18, 1977		25a. M.L. Meeks & Sons, 415 E. Washington, Muncie, Indiana 47305		24e. 47305		
25b.		SIGNATURE OF HEALTH OFFICER		DATE RECEIVED BY LOCAL HEALTH OFFICER		
SBH-113-4		<u>Clyde J. Patton, M.D.</u>		JAN 21 1977		