



INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Local No 000228

EDR No 000000267965

State No 029123

1. Decedent's Legal Name (First, Middle, Last) WALTER C ROBBINS				1a. Maiden Name (If female)		2. Sex MALE	3. Time Of Death 03:55 PM	4. Date Of Death (Month/Day/Year) 07/01/2012	
5. Social Security Number 315-07-0428	6a. Age - Yrs 94	6b. Under 1 Year Months	6c. Under 1 Month Days	6d. Under 1 Day Hours	6e. Under 1 Hour Minutes	7. Date of Birth (Month/Day/Year) 03/19/1918		8. Birthplace (City and State or Foreign Country) NOBLESVILLE, IN	
9. Ever in U.S. Armed Forces? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		10. If Death Occurred In A Hospital: <input type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Department Outpatient <input type="checkbox"/> Dead on Arrival				10a. If Death Occurred Somewhere Other Than A Hospital <input type="checkbox"/> Hospice Facility <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Nursing Home/Long-term Care Facility <input type="checkbox"/> Other (Specify)			
11. Facility Name (If Not Institution, Give Street and Number) [REDACTED]									
12. City Or Town, State, And Zip Code MIDDLETOWN, IN, 47356					13. County Of Death HENRY		14. Marital Status At Time Of Death <input type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input type="checkbox"/> Divorced <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown		
15. Surviving Spouse's Name				15a. (If Wife) Give Maiden Last Name		16. Decedent's Usual Occupation PRODUCTION		17. Kind Of Business/Industry MANUFACTURING	
18. Residence - State INDIANA		18a. County HENRY			18b. City Or Town MIDDLETOWN				
18c. Street And Number [REDACTED]						18d. Apt. No.	18e. Zip Code 47356	18f. Inside City Limits? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
19. Decedent's Education 9TH - 12TH GRADE; NO DIPLOMA		20. Decedent Of Hispanic Origin NOT HISPANIC			21. Decedent's Race White				
22. Father's Name (First, Middle, Last) OSCAR C ROBBINS				23. Mother's Name (First, Middle, Last) GRACE G ROBBINS			23a. Mother's Maiden Last Name FOULKE		
24. Informant's Name [REDACTED]		24a. Relationship To Decedent SON		24b. Mailing Address (Street And Number, City, State, Zip Code) [REDACTED]					
25. Place Of Disposition									
25a. Method Of Disposition <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal From State <input type="checkbox"/> Other (Specify):		25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) GARDENS OF MEMORY CEMETERY			25c. Location - City, Town, And State MUNCIE, IN				
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility THE MEEKS MORTUARY INC., 415 E. WASHINGTON STREET, MUNCIE, IN 47305						27a. Funeral Home License Number: FH83004918	
27b. Signature Of Indiana Funeral Service Licensee: GORDON D. COX, BY ELECTRONIC SIGNATURE						27c. License Number (Of Licensee): FD01006201			
Cause Of Death (See Instructions And Examples)									
28. Part I. Enter The Chain Of Events - Diseases, Injuries, Or Complications - That Directly Caused The Death. Do Not Enter Terminal Events Such As Cardiac Arrest, Respiratory Arrest, Or Ventricular Fibrillation Without Showing The Etiology. Do Not Abbreviate. Enter Only One Cause On A Line. Add Additional Lines If Necessary.									
Immediate Cause (Final Disease Or Condition Resulting In Death)				A. METASTATIC PROSTATE CANCER TO BONE				15 YEARS	
Due to (Or As A Consequence Of):				B.				Due to (Or As A Consequence Of):	
Sequentially List Conditions, If Any, Leading To The Cause Listed On Line A. Enter The Underlying Cause (Disease Or Injury That Initiated The Events Resulting In Death) Last				C.				Due to (Or As A Consequence Of):	
D.									
Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I									
PERIPHERAL NEUROPATHY, OSTEOARTHRITIS, CHRONIC URINARY TRACT INFECTIONS						29. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
30. Were Autopsy Finding Available To Complete The Cause Of Death? <input type="checkbox"/> Yes <input type="checkbox"/> No									
31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		32. If Female: <input type="checkbox"/> Not Pregnant Within Past Year <input type="checkbox"/> Pregnant At Time Of Death <input type="checkbox"/> Not Pregnant, But Pregnant Within 42 Days Of Death <input type="checkbox"/> Not Pregnant, But Pregnant 43 Days To 1 Year Before Death <input type="checkbox"/> Unknown If Pregnant Within The Past Year				33. Manner Of Death: <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could Not Be Determined			
34. Date Of Injury (Month/Day/Year)		35. Time Of Injury		36. Place Of Injury (E.G., Decedent's Home, Construction Site, Restaurant, Wooded Area)				37. Injury At Work? <input type="checkbox"/> Yes <input type="checkbox"/> No	
38. Location Of Injury - State		38a. City Or Town		38b. Street & Number		38c. Apt. No.		38d. Zip Code	
39. Describe How Injury Occurred						40. If Transportation Injury, Specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)			
41. Signature, Of Person Certifying Cause Of Death: JOSEPH MICHAEL SONGER, BY ELECTRONIC SIGNATURE						42. Certifier (Check Only One) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer		45. Date Certified 07/02/2012	
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: JOSEPH MICHAEL SONGER, 2401 UNIVERSITY AVENUE, MUNCIE, IN 47303						44. License Number 01022350A		47. Akas	
46. Additional Funeral Service Provider:									
48. Signature of Local Health Officer: JOHN MILLER, VIA ELECTRONIC SIGNATURE						49. For Registrar Only - Date Filed (Month/Day/Year): JUL 03 2012			
AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)									