

36101

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STOP

3 ✓ City #90369 - Garcia
+ C 68-0965
Local No.

PIONEER NAT'L. TITLE INS. CO.
3700 BROADWAY
GARY, INDIANA 46408

Joseph J. Lach
BALMER'S NAME
LICENSE No. 4542
FURNAL DIRECTOR'S LICENSE No. 4578

DECEASED NAME: **CECIL RAY PATSEL** SEX: **Male** DATE OF DEATH: **July 1, 1968**

RACE: **white** AGE: **52** DATE OF BIRTH: **1-3-1916** COUNTY OF DEATH: **Lake**

CITY, TOWN, OR LOCATION OF DEATH: **Gary** HOSPITAL OR OTHER INSTITUTION: **Mercy Hospital**

STATE OF BIRTH: **Indiana** CITIZEN OF WHAT COUNTRY: **USA** MARRIED, NEVER MARRIED, WIDOWED, DIVORCED: **Married** SURVIVING SPOUSE: **Gladys McDonald**

SOCIAL SECURITY NUMBER: [REDACTED] USUAL OCCUPATION: **inspector** KIND OF BUSINESS OR INDUSTRY: **Rail Mill-U.S. Steel Corp.**

RESIDENCE: STATE: **Indiana** COUNTY: **Lake** CITY, TOWN OR LOCATION: **Gary** INSIDE CITY LIMITS: **yes** TOWNSHIP: **Calumet**

STREET AND NUMBER: **4334 E. 10th. Ave; Gary, Indiana** ZIP: **938 1303**

PARENTS: FATHER: **Raymond Dow Patsel** MOTHER: **Ona Castleman**

INFORMANT: NAME: **Gladys Patsel** RELATIONSHIP: **wife** MAILING ADDRESS: **4334 E. 10th Ave; Gary, Ind.**

DEATH WAS CAUSED BY: **Laceration of the brain**
Gun shot wound of head

OTHER SIGNIFICANT CONDITIONS: **Portal aneurysm**

ACIDENT: SUICIDE, HOMICIDE, DATE OF INJURY: **7-1-68** HOUR: **M** HOW INJURY OCCURRED: **Self-inflicted wound of head**

INJURY AT WORK: **no** PLACE OF INJURY: **Home** LOCATION: **4334 E. 10th Ave, Gary, Indiana**

CORONER'S CERTIFICATION: 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: MONTH: **7** DAY: **1** YEAR: **68** DATE SIGNED: **7-2-68**

CERTIFIER: NAME: **E. Daniel Williams, M.D.** SIGNATURE: [Signature] (DEGREE OR TITLE): **MD**

MAILING ADDRESS—CERTIFIER: **436 W. 25th. Ave; Gary, Indiana**

BURIAL: CREMATION, REMOVAL (SPECIFY): **burial** CEMETERY, CREMATORY, FUNERAL HOME: **Calvary Cemetery** LOCATION: **Portage, Indiana** FUNERAL HOME NUMBER: **252**

DATE: **July 5, 1968** FUNERAL HOME—NAME AND ADDRESS: **Lach Funeral Home; 6121 Miller Ave; Gary, Ind. 46403**

FUNERAL DIRECTOR—SIGNATURE: [Signature] SIGNATURE OF HEALTH OFFICER: **P. J. Rosenbloom, M.D.** DATE RECEIVED BY LOCAL HEALTH OFFICER: **JUL 3 1968**

Filed
1968
JUL 22 1968

P. J. Rosenbloom

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CERTIFIED COPY

P. J. Rosenbloom MD
HEALTH COMMISSIONER
CITY OF GARY, IND.

DATE *Jul 15 1968*

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