

583397

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH
 License No. 583397

LAWYERS TITLE INSURANCE CORP.
 7895 BROADWAY
 MERRILLVILLE, IND 46410

DECEASED'S NAME: **Lorraine Ring** Female
 DATE OF BIRTH: **June 10, 1927**
 CITY, TOWN, OR LOCATION OF BIRTH: **Lake East Gary**

DECEASED'S SEX: **Female**
 RACE: **White**
 MARRIED: **Yes**
 HUSBAND'S NAME: **William King**

CITY, TOWN, OR LOCATION OF DEATH: **Gary**
 HOSPITAL OR OTHER INSTITUTIONAL PLACE: **Mersey Hospital**
 STATE OF BIRTH: **Indiana**
 COUNTRY OF BIRTH: **U.S.A.**

DECEASED'S OCCUPATION: **housewife**
 CITY, TOWN, OR LOCATION OF DEATH: **Lake East Gary**
 STREET AND NUMBER: **2915 Allen St.**

DECEASED'S MOTHER: **Mary Hatrak**
 DECEASED'S FATHER: **John Bobrik**

DECEASED'S RELATIONSHIP TO DECEASED: **husband**
 ADDRESS: **2915 Allen St. E. Gary, Ind.**

PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE: **Acute Pulmonary Infarction**
 CONDITIONS CONTRIBUTING TO DEATH: **Probable Coronary artery with Arteriosclerosis and congestive heart failure**

DATE & TIME OF DEATH: **Oct 10 1976**
 DATE SIGNED: **Oct 11 1976**

PHYSICIAN'S NAME: **RICHARD BUYER**
 SIGNATURE OF PHYSICIAN: *Richard Buyer MD*
 ADDRESS: **6111 Harrison**
 CITY OR TOWN: **Merrillville Ind.**

DISPOSITION: **Removal**
 CEMETERY, CREMATORY, FUNERAL HOME: **Indiana University Med. Center**
 LOCATION: **Indianapolis, Ind.**
 DATE: **Oct. 12, 1976**
 FUNERAL HOME NAME AND ADDRESS: **Stilnovich, Palmer & Wiatrowski 4213 Bdwy. Gary, Ind.**

HEALTH OFFICER'S SIGNATURE: *[Signature]*
 DATE RECEIVED BY LOCAL HEALTH OFFICER: **OCT 19 1976**

58408-003

This document is the property of the Lake County Recorder!
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Disposition Permit Issued
 Provisional Certificate
 Yes No

FUNERAL HOME: **292**
 EMBALMER'S NAME: **Harris, B. Cook**
 FUNERAL DIRECTORY: **[Signature]**
 SIGNATURE: **[Signature]**

583397

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VERIFIED

11 27 1978

VERIFIED



James E. Hill
HEALTH COMMISSIONER
CITY OF GARY, IND.
DATE: OCT 18 1978
GARY

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