

619762

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

Return for State Office Use  
By 49-467-32  
Prob. Village and  
Lot 32 Bl. 1

C. \_\_\_\_\_  
D. \_\_\_\_\_  
E. \_\_\_\_\_  
F. \_\_\_\_\_  
G. \_\_\_\_\_  
H. \_\_\_\_\_  
I. \_\_\_\_\_  
J. \_\_\_\_\_  
K. \_\_\_\_\_  
L. \_\_\_\_\_  
M. \_\_\_\_\_  
N. \_\_\_\_\_

Disposition Permit  
Issued 1/1  
Provisional  
Certificate  
 Yes  No

619762  
Local No. 33  
FURNERAL HOME  
No. 750  
FURNERAL DIRECTOR'S  
LICENSE No. 94  
FURNERAL DIRECTOR'S  
LICENSE No. 98  
EMERALD'S NAME: RONALD A. FROED  
FURNERAL DIRECTOR'S  
NAME: *John A. Hanger*

FILED

MAR 3

*Lucie O. ...*  
AUDITOR LAKE COUNTY

INDIANA STATE BOARD OF HEALTH  
MEDICAL CERTIFICATE OF DEATH

State No. \_\_\_\_\_

DECEASED - NAME <b>Florence N Pinkstaff</b>		SEX <b>Female</b>	DATE OF BIRTH (month day year) <b>1/13/78</b>
1. RACE - by what race ancestor born or father's <b>Caucasian</b>	AGE - last birthday <b>61</b>	UNDER 1 YEAR <input type="checkbox"/>	UNDER 1 DAY <input type="checkbox"/>
CITY, TOWN OR LOCATION OF DEATH <b>East Chicago</b>		HOSPITAL OR OTHER INSTITUTION - Name of institution and address <b>St. Catherine Hospital</b>	
STATE OF BIRTH (if not in U.S.) <b>Indiana</b>		CITY OF BIRTH (if not in U.S.) <b>U.S.A.</b>	
MARRIAGE STATUS <b>Married</b>		NAME OF SPOUSE <b>Arthur Pinkstaff</b>	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (last held or last done before and of which he was paid) <b>Homemaker</b>	
RESIDENCE - STATE <b>Indiana</b>		CITY, TOWN OR LOCATION <b>Gary</b>	
STREET AND NUMBER <b>2428 Burr Street</b>		IN RESIDENCE ON A FARM <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY RACE: CUBAN, PUERTO RICAN, ETC. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
FATHER - NAME <b>Perry Lynch</b>		MOTHER - MARYON HART	
MARRIAGE ADDRESS <b>Arthur Pinkstaff</b>		CITY OR TOWN <b>2428 Burr Street Gary, Indiana 46408</b>	
DISPOSITION <b>Burial</b>		CITY OF TOWN <b>Schererville, Indiana</b>	
DATE <b>1/16/78</b>		FURNERAL HOME - Name and address <b>Kuiper Funeral-Home 9039 Kleinman Rd. Highland, Indiana</b>	
M.D. OR D.O. <b>Daniel T Ranker M.D.</b>		DATE RECEIVED BY LOCAL HEALTH OFFICER <b>1-16-78</b>	
CAUSE OF DEATH <b>CEREBRAL HEMORRHAGE</b>		DURATION OF ILLNESS <b>2 days</b>	
<b>HYPERTENSION ESSENTIAL</b>		<b>5 yrs</b>	
<b>GENERAL ARTERIOSCLEROSIS</b>		<b>7 yrs</b>	

RECORDED  
INDEXED  
MAR 12 10 PM '78



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