

TYPE OR PRINT
PLAINLY WITH
UNFADING INK

THIS IS A
PERMANENT
RECORD

Below for State Office Use

A _____
B _____
C _____
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E _____
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X _____
Y _____
Z _____

Disposition Permit
Issued / /
Provisional
Certificate
 Yes No

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

Beulah Ash Brook
RT #3 Box 58
State Crossville, TN. 38535
No. _____

Local No. 1-2

PERMANENT INK SEE HANDBOOK FOR INSTRUCTIONS 809504		DECEASED—NAME FIRST MIDDLE LAST Orris O. Gregory			SEX 2. M	DATE OF DEATH (MONTH, DAY, YEAR) 3. 1/20/77
FACE	AGE—LAST BIRTHDAY (YEARS) 4. W 5a. 73	UNDER 1 YEAR MOS. DAYS 5b.	UNDER 1 DAY HOURS MIN 5c.	DATE OF BIRTH (MONTH, DAY, YEAR) March 6, 1903	COUNTY OF DEATH 7a. Lake	
DECEASED 7b. East Chicago		INSIDE CITY LIMITS (SPECIFY YES OR NO) 7c. Yes	HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 7d. St. Catherines Hospital			
USUAL RESIDENCE WHERE DECEASED LIVED. IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION. 8. Ind.		CITIZEN OF WHAT COUNTRY 9. U.S.		MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) 11. Beulah DAVIS		
SOCIAL SECURITY NUMBER 12. 303 28 4002 A		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) 13a. Standard Forge		KIND OF BUSINESS OR INDUSTRY 13b. Retired		
RESIDENCE—STATE 14a. Ind.	COUNTY 14b. Lake	CITY, TOWN OR LOCATION 14c. Gary		INSIDE CITY LIMITS (SPECIFY YES OR NO) 14d. yes	TOWNSHIP 14e. Caluement	
STREET AND NUMBER 14f. 6700 W. 25th Ave. Gary, Ind. #6406		14g. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		15. RESIDENCE ON A FARM? 14h. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
FATHER—NAME FIRST MIDDLE LAST 15. Walter Gregory			MOTHER—MAIDEN NAME FIRST MIDDLE LAST 16. Lena Lucas			
INFORMANT—NAME 17a. Beulah Gregory		RELATIONSHIP 17b. wife		MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 17c. 6700 W. 25th Ave. Gary, Ind.		
PART I. DEATH WAS CAUSED BY: [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]						APPROXIMATE INTERVAL BETWEEN DEATH AND DEATH
18. IMMEDIATE CAUSE (a) Acute myocardial infarction						STATE OF INDIANA LAKE COUNTY RECORDER JUL 16 1985
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (A), STATING THE UNDER- LYING CAUSE LAST (b) _____						
(c) _____						
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE 19a. FILED JUL 1 1985 DULY ENTERED FOR TAXATION						IF WERE FINDINGS CON- SIDERED IN DETERMINING CAUSE OF DEATH 19b. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
DATE & TIME OF DEATH JUL 1 1985		YEAR	HOUR	DATE SIGNED	MONTH	DAY
20. PHYSICIAN'S NAME (TYPE OR PRINT) Dr. O. R. ...		SIGNATURE OF PHYSICIAN [Signature]		PHY. CODE NO.		
M. D. AUDITOR LAKE COUNTY		22b. [Signature]		STATE		
D. O. MAILING ADDRESS—PHYSICIAN		STREET OR R.F.D. NO.		CITY OR TOWN		
23. BURIAL, CREMATION, REMOVAL (SPECIFY) 24a. Burial		CEMETERY, CREMATORY, FUNERAL HOME 24b. Chapel Lawn Cemetery		LOCATION 24c. Scherereville, Ind.		
DATE (MONTH, DAY, YEAR) 24d. 1/24/77		FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 25a. Dellenbach 2580 Colfax St. Gary, Ind. 46406				
25b. _____		HEALTH OFFICER—SIGNATURE 26a. E. A. Campagna M.D.		DATE RECEIVED BY LOCAL HEALTH OFFICER 26b. 1-24-77		

FUNERAL HOME No. **240**
FUNERAL DIRECTOR'S LICENSE No. **543**
EMBALMER'S NAME **Robert J. Dellenbach** LICENSE No. **4526**
FUNERAL DIRECTOR'S SIGNATURE **[Signature]**

Keys 44-260-11-12-14

Beulah Ash Brook
11, 12, 13, 14 Blk 5
Key 44-473-5 - dist 5 - Blk 2 Parkway add

(41) 4-89