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THIS CERTIFIES THE ABOVE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPT.

Disposition Permit Issued / /
Provisional Certificate
 Yes No

808834 Local No. 1199-84
FURNERAL HOME No. 245
FURNERAL DIRECTOR'S LICENSE No. 723
EMBALMER'S NAME Charles Wellen 27 1984
FURNERAL DIRECTOR'S SIGNATURE

Local No. 1199-84

INDIANA STATE BOARD OF HEALTH
CORONER'S CERTIFICATE OF DEATH

State No. 43490

TYPE OR PRINT IN PERMANENT INK FOR INSTRUCTIONS SEE HANDBOOK

DECEASED

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

PARENTS

DISPOSITION

CERTIFIER

LAKE COUNTY HEALTH COMMISSIONER

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

CAUSE

DECEASED—NAME 1. KING J. GREGORY		SEX 2. Male	DATE OF DEATH (MONTH, DAY, YEAR) April 29, 1984
RACE—(White, Black, American Indian, etc.) (Specify) 4. White	AGE—Last Birthday (Yrs) 5a. 28	UNDER 1 YEAR 5b. MONTHS DATE	UNDER 1 DAY 5c. HOURS MINUTE
CITY, TOWN OR LOCATION OF DEATH 7b. Lake Station		HOSPITAL OR OTHER INSTITUTION—(Name, if not at end of one street and number) 7c. 31 E. 36th Place	IF HOSP OR INST Indicate OP/Emor Rm. Impostors (Specify) 7d. ---
STATE OF BIRTH (If not in U.S.A. Specify) 8. Indiana	CITY OF WHAT COUNTRY 9. U.S.A.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 10. Married	SURVIVING SPOUSE (If wife, give maiden name) Kathleen Velasco
SOCIAL SECURITY NUMBER 13. 308-66-5982		USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 14a. Rigger	KIND OF BUSINESS OR INDUSTRY 14b. Steel Industry
RESIDENCE—STATE 16a. Indiana	COUNTY 16b. Lake	CITY, TOWN OR LOCATION 16c. Lake Station	IS RESIDENCE ON A FARM? 15a. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
STREET AND NUMBER 18d. 31 E. 36th Place		IN THE CITY LIMITS (Specify street or highway) 15b. 5	
IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. 15g. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
FATHER—NAME 16. Leo D. Gregory		MOTHER—MAIDEN NAME 17. Darlene Johnson	
INFORMANT—NAME 18a. Kathleen Gregory (Wife)		RELATIONSHIP	MAILING ADDRESS STREET OR R.F.D. NO. CITY OR TOWN STATE 18b. 31 E. 36th Pl., Hobart, Indiana 46342
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a. Cremation		CEMETERY OR CREMATORY—FURNERAL HOME 19b. Calvary Cemetery	LOCATION CITY OR TOWN STATE 19c. Portage, IN.
DATE (MONTH, DAY, YEAR) 20a. Mary 2, 1984		FURNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 20b. Pruzin Funeral Home, 6360 Bdwy, Merrillville, IN 46411	
On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) stated 21a. Signature Daniel D. Thomas, M.D. by 108		DATE SIGNED (Mo., Day, Yr.) 21b. 6-26-84	HOUR OF DEATH 21c. M
NAME AND ADDRESS OF CERTIFIER (Type or Print) 211. DANIEL D. THOMAS, M.D. DEPT. 293 NORTH MAIN ST., CROWN POINT, IN. 46307		PRONOUNCED DEAD (Mo., Day, Yr.) 21d. ON 4/29/84	PRONOUNCED DEAD (Mo., Day, Yr.) 21e. AT 2:59 p.m.
HEALTH OFFICER—SIGNATURE 22a. [Signature]		DATE RECEIVED BY LOCAL HEALTH OFFICER 22b. 6-27-84	
PART I IMMEDIATE CAUSE (a) Vascular collapse		Interval between onset and death Undetermine	
(b) Due to combination of drugs & ethanol. (Diazepam 0.108 mg/dl; N-desmethyldiazepam 0.020 mg/ml;		Interval between onset and death	
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (I) Ethanol 110 mg/dl		AUTOPSY (Specify Yes or No) 24. Yes	
ACC. SUICIDE, HOM. UNDET. OR PENDING INVEST (Specify) 26a. Accident	DATE OF INJURY (Mo., Day, Yr.) 26b. ---	HOUR OF INJURY 26c. M	DESCRIBE HOW INJURY OCCURRED 26d. Combination drug/ethanol
INJURY AT WORK (Specify Yes or No) 26e. No	PLACE OF INJURY—(As home, farm, street, factory, office building, etc.) (Specify) 26f. Garage	LOCATION STREET OR R.F.D. NO. CITY OR TOWN STATE 26g. 31 E. 36th Pl., Lake Sta, In	400

LAWYERS TITLE BUREAU
7835 BROADWAY
MERRILLVILLE IN 46410