

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

904106

Local No. 386

INDIANA STATE BOARD OF HEALTH  
MEDICAL CERTIFICATE OF DEATH

State No.

16191

Below for State Office Use

FUNERAL HOME No. 280

1350

FUNERAL DIRECTOR'S LICENSE No. 005

FILED

FEB 27 1987

AUDITOR LICENSE No.

FUNERAL DIRECTOR'S LICENSE No.

TYPE OR PRINT IN PERMANENT INK FOR INSTRUCTIONS SEE HANDBOOK

DECEASED

USUAL RESIDENCE WHERE DECEASED LIVED IF DEATH OCCURRED IN INSTITUTION GIVE RESIDENCE BEFORE ADMISSION

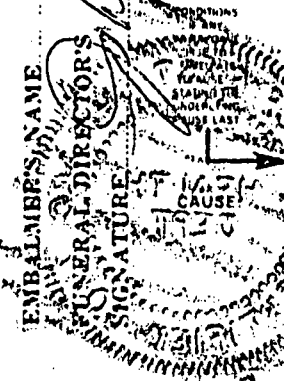
DISPOSITION

M.D. OR D.O.

DECEASED—NAME FIRST: Norman, MIDDLE: C., LAST: Bohlin			SEX: Male	DATE OF DEATH (MONTH DAY YEAR): November 11, 1986
RACE: white	AGE: 51	UNDER 1 YEAR: MO, DA, YR	UNDER 1 DAY: HO, MI, SE	DATE OF BIRTH: 10-12-1935
CITY, TOWN OR LOCATION OF DEATH: East Chicago		HOSPITAL OR OTHER INSTITUTION: St. Catherine Hospital		IF HOSP OR INST (Specify DOA or Inst. or Institution): inpatient
STATE OF BIRTH: Illinois	CITIZEN OF WHAT COUNTRY: U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED: married	SURVIVING SPOUSE: Delores Buchanan	WAS DECEDENT EVER IN U.S. ARMED FORCES? yes
SOCIAL SECURITY NUMBER: 303-32-8456		USUAL OCCUPATION: Pipefitter	KIND OF BUSINESS OR INDUSTRY: Local #597	
RESIDENCE—STATE: Indiana	COUNTY: Lake	CITY, TOWN OR LOCATION: Hammond		STREET AND NUMBER: 6402 New Hampshire
IS DECEASED OF SPANISH DESCENT? NO		IS RESIDENCE ON A FARM? NO		INSIDE CITY (Specify City, Town or Locality): Hammond
FATHER—NAME: Carl G. Bohlin		MOTHER—MAIDEN NAME: Hannah Bergh		
INFORMANT—NAME: Mrs. Delores Bohlin [Wife]		MAILING ADDRESS: 6402 New Hampshire Avenue Hammond, Indiana 46323		
BURIAL CREMATION REMOVAL OTHER: Burial		CEMETERY OR CREMATORY—FUNERAL HOME: Memory Lane Memorial Park		LOCATION: Schererville, Indiana
DATE: November 15, 1986		FUNERAL HOME—NAME AND ADDRESS: Bocken Funeral Home, Inc. 7042 Kennedy Ave. Hammond, Ind.		STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP: 46323
SIGNATURE: M.Y. Ali, M.D.		DATE SIGNED: November 14, 1986		HOUR OF DEATH: M
NAME OF ATTENDING PHYSICIAN: M.Y. Ali, M.D.		MAILING ADDRESS—PHYSICIAN: 9116 Columbia Avenue Munster, Indiana 46321		
HEALTH OFFICER—SIGNATURE: E.A. Caspary		DATE RECEIVED BY LOCAL HEALTH OFFICER: 11-14-86		
IMMEDIATE CAUSE: Metastatic Carcinoma of Lung				
OTHER SIGNIFICANT CONDITIONS: (Conditions contributing to death but not related to cause given in PART 1.)				

John C. Ault

FUNERAL DIRECTOR'S SIGNATURE



RICHARD J. BEASTON  
RECORDER, LAKE COUNTY, INDIANA  
FEB 27 4:45 PM '87  
FILED IN LAKE COUNTY INDIANA 46307

JE F Pritchards 1st Add N. 46th St. of S. Hwy 21  
8th Ave Lys No. of L. 35-246-1