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THIS IS A  
PERMANENT  
RECORD

Below for State Use

5 CC s

967822

Local No. 961

INDIANA STATE BOARD OF HEALTH  
MEDICAL CERTIFICATE OF DEATH

Donald X Gray  
1244 - 119th St.  
State 46394  
No.

THIS CERTIFIES THE ABOVE IS A TRUE AND  
COMPLETE COPY OF THE CERTIFICATE OF DEATH  
ON FILE WITH THE HAMMOND HEALTH DEPT.  
DEC 21 1987

Franklin S. Premuda M.D.  
GORDON L. JONES  
#35-239719  
#35-20918

FILED  
MAR 18 1988

EMBALMER'S NAME: James I. James  
FUNERAL HOME: FUNERAL HOME  
LICENSE NO.: 1374  
FUNERAL DIRECTOR'S LICENSE NO.: 1374

DECEASED: Lorene Bratcher Himes  
DISPOSITION: Burial  
M.D. OR D.O.: Alan Jones M.D.

DECEASED—NAME FIRST MIDDLE LAST LORENE BRATCHER HIMES			SEX Female	DATE OF DEATH MONTH DAY YEAR DECEMBER 8, 1987	
RACE White	AGE 56	UNDER 1 YEAR MOS DAYS	UNDER 1 DAY HOURS MINS	DATE OF BIRTH FEBRUARY 2, 1931	COUNTY OF DEATH Lake
CITY, TOWN OR LOCATION OF DEATH Hammond		HOSPITAL OR OTHER INSTITUTION 154 - 139th Avenue		IF HOSP OR INST indicate DOA OR Emg. Res. indicating State Residence	
STATE OF BIRTH Kentucky	CITIZEN OF WHAT COUNTRY USA	MARRIED NEVER MARRIED MARRIED	SURVIVING SPOUSE George Himes	WAS DECEDENT EVER IN U.S. ARMED FORCES? No	
SOCIAL SECURITY NUMBER 364-34-1898		USUAL OCCUPATION Sales Clerk		KIND OF BUSINESS OR INDUSTRY Goldblatts	
RESIDENCE—STATE Indiana	COUNTY Lake	CITY, TOWN OR LOCATION Hammond			
STREET AND NUMBER 154 - 139th Avenue			IS RESIDENCE ON A FARM? NO	INSIDE CITY LIMITS YES	
IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN CUBAN PUERTO RICAN, ETC NO					
FATHER—NAME Aubrey Bratcher		MOTHER—MAIDEN NAME Jewell Garnier			
INFORMANT—NAME (Type or Print) George Himes - Husband		RELATIONSHIP		MAILING ADDRESS 154 - 139th Avenue Hammond, Indiana 46320	
BURIAL, CREMATION, REMOVAL, OTHER Burial		CEMETERY OR CREMATORY—FUNERAL HOME Oakwood Cemetery		LOCATION Hartford, Kentucky	
DATE December 11, 1987		FUNERAL HOME—NAME AND ADDRESS BURNS FUNERAL HOME, 701 East 7th St., Hobart, Indiana			
SIGNATURE Alan Jones M.D.		DATE SIGNED DECEMBER 8, 1987		HOUR OF DEATH 6:15 AM	
NAME OF ATTENDING PHYSICIAN (Type or Print) 3831 Hobart Avenue, Hammond, Indiana 46327					
HEALTH OFFICER—SIGNATURE Franklin S. Premuda M.D.				DATE RECEIVED BY LOCAL HEALTH OFFICER DEC 21 1987	
PART I IMMEDIATE CAUSE Cardiopulmonary Arrest		INTERVAL BETWEEN ONSET AND DEATH Seconds			
(B) DUE TO OR AS A CONSEQUENCE OF METASTATIC CARCINOMA OF BREAST		INTERVAL BETWEEN ONSET AND DEATH months			
(C) DUE TO OR AS A CONSEQUENCE OF		INTERVAL BETWEEN ONSET AND DEATH			
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not referred to cause given in PART I (a)				AUTOPSY (Specify Yes or No)	

RECORDED  
LILLIAN A. BLASTICK  
CROWN POINT, INDIANA COUNTY  
46307

Handwritten signature