

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

Below for State Office Use

- A _____
- B _____
- C _____
- D _____
- E _____
- F _____
- G _____
- H _____
- I _____
- J _____
- K _____
- L _____
- M _____
- N _____
- O _____
- P _____
- Q _____
- R _____
- S _____
- T _____
- U _____
- V _____
- W _____
- X _____
- Y _____
- Z _____

Disposition Permit
Issued / /
Provisional
Certificate
 Yes No

EMBALMER'S NAME: **Barbara M. Lach** LICENSE No. **1267**

FUNERAL DIRECTOR'S SIGNATURE: *Barbara M. Lach* LICENSE No. **2379**

FUNERAL HOME No. **252**

PERMANENT INK
SEE HANDBOOK FOR
INSTRUCTIONS

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

PARENTS

FILED

CAUSE
DEC 1 1975

AUDITOR: **Lake County**

1725 E 35th Ave
Gary, Ind. 46409
REBEKAH TAGGAR

permit
16 CC
75-0846

138170

INDIANA STATE BOARD OF HEALTH

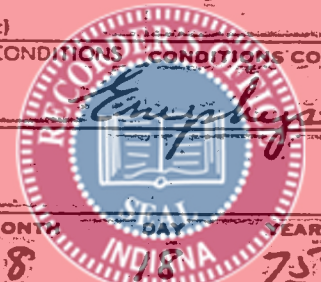
MEDICAL CERTIFICATE OF DEATH

WA. EWINGS SUB. MILLER STATION
E 12 1/2 FT X 210 FT PL L-2 B-9
36 1/2 FT X 210 FT PL L-2 B-9
State No. Key# 42-287-7 unit #25
210

DECEASED - NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH, DAY, YEAR)	
1. Lylo Orion Gray					2. male	3. August 10, 1975	
RACE	AGE - LAST BIRTHDAY (YEARS)	UNDER 1 YEAR MOS.	UNDER 1 DAY HOURS	MIN.	DATE OF BIRTH (MONTH, DAY, YEAR)	COUNTY OF DEATH	
4. white	5a. 65	5b.	5c.		6. 5-28-10	7a. Lake	
CITY, TOWN, OR LOCATION OF DEATH			INSIDE CITY LIMITS (SPECIFY YES OR NO)	HOSPITAL OR OTHER INSTITUTION - NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)			
7b. Gary			7c. yes	7d. 6231 Miller Avenue			
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)		CITIZEN OF WHAT COUNTRY		MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)			
8. Wisconsin		9. U. S. A.		10. Bernice Wilkuns			
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING PERIOD WHEN DECEASED WAS MOST ACTIVE)		KIND OF BUSINESS OR INDUSTRY			
12. 306-03-5243		13a. Documentalist & Bookman		13b. Wholesale Foods			
RESIDENCE - STATE		COUNTY	CITY, TOWN OR LOCATION		INSIDE CITY LIMITS (SPECIFY YES OR NO)	TOWNSHIP	
14c. Indiana		14b. Lake	14e. GARY		14d. yes	14a. Calumet	
STREET AND NUMBER			14g. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)		15 RESIDENCE ON A FARM?		
14f. 6231 Miller Avenue			14g. NO		14h. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
FATHER - NAME (FIRST, MIDDLE, LAST)		MOTHER - MAIDEN NAME		FIRST	MIDDLE	LAST	
15. John Gray		16. Elizabeth Unknown					
INFORMANT - NAME			RELATIONSHIP	MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)			
17a. Mrs. Bernice Gray			17b. wife	7c. 6231 Miller Ave., Gary, Ind. 46403			
PART I. DEATH WAS CAUSED BY:		[ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
18. IMMEDIATE CAUSE		Carcinoma of the lung				ROB. REC. FILED STATE OF IND. DEC 11 1975	
(a) DUE TO, OR AS A CONSEQUENCE OF:		generalized metastases to the brain					
(b) DUE TO, OR AS A CONSEQUENCE OF:		Emphysema far advanced					
(c) OTHER SIGNIFICANT CONDITIONS GIVEN IN PART I (A)		CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE				AUTOPSY: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
19a. 1970						19b. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
DATE & TIME OF DEATH		MONTH	DAY	YEAR	HOUR	DATE SIGNED	MONTH DAY YEAR
20. 8-10-75		8	10	75	4 P.M.	Edward J. Diroch	8 19 75
PHYSICIAN'S NAME (TYPE OR PRINT) LAST IN ATTENDANCE		SIGNATURE OF PHYSICIAN		PHY. CODE NO.			
22a. Edward J. Diroch M.D.		<i>Edward J. Diroch M.D.</i>					
MAILING ADDRESS - PHYSICIAN		STREET OR R.F.D. NO.		CITY OR TOWN	STATE	ZIP	
23. 504 Broadway		GARY		INDIANA	46402		
BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY, CREMATORY, FUNERAL HOME		LOCATION			
24a. Burial		24b. Ridgeland Cemetery		24c. Gary, Indiana			
DISPOSITION		DATE (MONTH, DAY, YEAR)		FUNERAL HOME - NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)			
		24d. 8-20-75		24e. Lach Funeral Home, 6231 Miller Ave., Gary, Ind. 46403			
				HEALTH OFFICER - SIGNATURE		DATE RECEIVED BY LOCAL HEALTH OFFICER	
				<i>[Signature]</i>		26b. AUG 20 1975	



This Document is the property of the Lake County Recorder



6:00 210



CLERK OF THE DEPT.

James T. Williams

CERTIFIED COPY

HEALTH COMMISSIONER
CITY OF GARY, IND.

DATE AUG 20 1975