

Key # 43-168-20

HOLD FOR:
THE TITLE SEARCH CO.
No. 17263

INDIANA STATE BOARD OF HEALTH MEDICAL CERTIFICATE OF DEATH

Local No. **83-0504**

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

PARENTS

DISPOSITION

M.D. OR O.D.

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE OF DEATH

CAUSE

1 DECEASED—NAME LeRoy Payne		SEX Male		DATE OF DEATH (Month, Day, Year) August 1, 1983	
2 RACE—(See White, Black, American Indian on 125 form) Black		3 AGE—(Last birthday) 65		4 DATE OF BIRTH (Month, Day, Year) 3/28/1918	
5 CITY, TOWN OR LOCATION OF DEATH Gary		6 HOSPITAL OR OTHER INSTITUTION (Name, Street, City, State and Zip) St. Mary's Medical Center		7 COUNTY OF DEATH Lake	
8 STATE OF BIRTH (State or U.S. Poss. Territory) Ark.		9 CITIZEN OF WHAT COUNTRY U.S.A.		10 MARRIAGE STATUS (Specify) Married	
11 SOCIAL SECURITY NUMBER 430-05-2677		12 USUAL OCCUPATION (Specify) Retired		13 SURVIVING SPOUSE (Name, Street, City, State and Zip) Barbara K. Bogan	
14 RESIDENCE—STATE Indiana		15a STREET AND NUMBER 1156 Morton St.		15b IS RESIDENCE ON A FARM? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
16 FATHER—NAME Charlie Payne		17 MOTHER—MAIDEN NAME Annie Lee		18 INSIDE CITY LIMITS (Specify Yes or No) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
19 INFORMANT—NAME (Type or grade) Barbara K. Payne (Wife)		20 RELATIONSHIP Wife		21 MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 1156 Morton St. Gary, Indiana 46404	
22 BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		23 CEMETERY OR CREMATORY—FUNERAL HOME Oak Hill Cemetery		24 LOCATION Gary, Indiana	
25 DATE (Month, Day, Year) 8/5/83		26 FUNERAL HOME—NAME AND ADDRESS (Street or R.F.D. No., City or Town, State, Zip) Gay & Allen Funeral Directors 2959 W. 11th St. Gary, Ind.		27 DATE SIGNED (Month, Day, Year) 1/27/83	
28 NAME OF ATTENDING PHYSICIAN (Type or Print) Jerome M. Korn, M.D.		29 MAILING ADDRESS—PHYSICIAN 3290 Grant St. Ft. Roberts, Ind. 46008		30 HOUR OF DEATH 11:55 AM	
31 HEALTH OFFICER—SIGNATURE <i>[Signature]</i>		32 DATE RECEIVED BY LOCAL HEALTH OFFICE 8/11/83		33 INTERVAL BETWEEN ONSET AND DEATH ?	
34 PART I IMMEDIATE CAUSE Oat cell carcinoma, lung.		35 PART II OTHER SIGNIFICANT CONDITIONS (Specify) Chronic obstructive pulmonary disease		36 INTERVAL BETWEEN ONSET AND DEATH 10 years	
37 PART III OTHER SIGNIFICANT CONDITIONS (Specify)		38 INTERVAL BETWEEN ONSET AND DEATH		39 AUTOPSY (Specify Yes or No) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	

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STOP



FILED

SAM ORLICH
AUDITOR LAKE COUNTY

001730

9-00 CK# 17263

EMBALMER'S NAME **Roosevelt Allen**
FUNERAL DIRECTOR'S SIGNATURE *[Signature]*
LICENSE No. **5170**
FUNERAL HOME No. **770**
FUNERAL DIRECTOR'S LICENSE No. **270**

83065498

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
95 OCT 17 AM 11:55
MARGARET E. CLEVELAND
RECORDER