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EMBALMER'S NAME: James J. Slacanin
 FUNERAL HOME: 1085
 LICENSE No. 1085
 FUNERAL HOME No. 750
 FUNERAL DIRECTOR'S SIGNATURE: *James J. Slacanin*
 LICENSE No. 94
 FUNERAL DIRECTOR'S SIGNATURE: *James J. Slacanin*

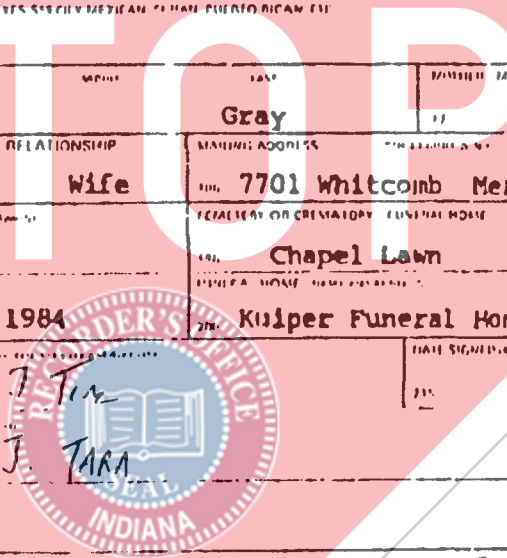
Local No. 530-84

INDIANA STATE BOARD OF HEALTH
 MEDICAL CERTIFICATE OF DEATH

State No.

1 DECEASED NAME Marcell V. Gray		2 SEX Male	3 DATE OF DEATH (MONTH DAY YEAR) March 21, 1984
4 RACE White	5 AGE 72	6 DATE OF BIRTH (MONTH DAY YEAR) 12-29-1912	7 COUNTY OF DEATH Lake
8 CITY, TOWNSHIP OR LOCATION OF DEATH Crown Point		9 PLACE OF DEATH St. Anthony Nursing Home	
10 STATE OF BIRTH Kentucky		11 CITIZENSHIP U.S.A.	12 MARRIAGE STATUS Married
13 SOCIAL SECURITY NUMBER 404-07-1191		14 NAME OF BUSINESS OR INDUSTRY Lever Brothers	
15 USUAL RESIDENCE WHERE DECEASED LIVED IF DEATH OCCURRED IN INSTITUTION GIVE RESIDENCE BEFORE ADMISSION Indiana Lake		16 RESIDENCE AT DEATH Merrillville	
17 STREET AND NUMBER 7701 Whitcomb St.		18 INSURE RESIDENCE (BY A PARTY) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
19 INSIDE CITY LIMITS (BY A PARTY) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		20	
21 DECEASED IN SPANISH DISSENT? IF YES SPECIFY REASON IF HISPANIC OR AMERICAN ISL			
22 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
23 FATHER NAME Burvey		24 MOTHER NAME Gray	
25 MARRIAGE NAME Cora Mae Gray		26 RELATIONSHIP Wife	
27 RESIDENCE ADDRESS 7701 Whitcomb Merrillville, Indiana		28	
29 DISPOSITION Burial		30 CHAPEL OR CREMATORY Chapel Lawn	
31 DATE March 24, 1984		32 FUNERAL HOME Kiisler Funeral Home 9039 Kleinman Rd. Highland, Ind	
33 NAME OF ATTENDING PHYSICIAN Dr. Royce J. Ter		34 DATE SIGNED March 22, 1984	
35 MAILING AND NEWS SERVICE		36	
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I CERTIFY THIS TO BE A TRUE AND
 ACCURATE COPY OF THE ORIGINAL
 SIGNED

MAR 18 '84 15:01 FR ISB-MERRILLVILLE 219 736 0686 TO 73