

66511

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INDIANA STATE BOARD OF HEALTH
DIVISION OF VITAL RECORDS
CORONER'S CERTIFICATE OF DEATH

Death No. *66-0305*

1. PLACE OF DEATH
a. COUNTY *Lake*
b. CITY, TOWN, OR LOCATION *Gary*

2. USUAL RESIDENCE (Where deceased lived. If institution: Address before admission)
a. STATE *Indiana*
b. COUNTY *Lake*
c. CITY, TOWN, OR LOCATION *Crown Point*
d. STREET ADDRESS *7130 Delaware*

3. NAME OF HOSPITAL OR INSTITUTION *Methodist*

4. IS PLACE OF DEATH INSIDE CITY LIMITS? YES NO

5. IS RESIDENCE INSIDE CITY LIMITS? YES NO

6. IS RESIDENCE ON A FARM? YES NO

7. NAME OF DECEASED (Type in print) *TERRY JOHNSON*

8. SEX *M*

9. COLOR OR RACE *white*

10. DATE OF BIRTH *Aug. 19, 1905*

11. BIRTHPLACE (State or foreign country) *Ill.*

12. FATHER'S NAME *Harry Johnson*

13. MOTHER'S MAIDEN NAME *Waters*

14. SOCIAL SECURITY NO. *306 09 3672*

15. INFORMANT'S NAME *Mrs. Ruth Johnson*

16. INFORMANT'S ADDRESS *7130 Delaware, Crown Point, Ind.*

17. RELATIONSHIP TO DECEASED *Wife*

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) *Ursemia*
CONDITIONS, IF ANY, WHICH GAVE RISE TO ABOVE CAUSE (b) *Acute cerebral edema of kidneys*
DUE TO (c) *undetected chronic pyelonephritis*

PART II. OTHER SIGNIFICANT CONDITIONS COVERED UNDER THIS FORM BUT NOT LISTED IN CAUSE OF DEATH (a) *None*

19. ACCIDENT SUICIDE HOMICIDE

20. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Form 10)

21. I hereby certify that I took charge of the remains described above, held as *inquiry* (inquest, autopsy, inquiry) *inquiry* thereof and from evidence obtained find that said deceased came to *death* (in, out) *death* (from causes stated and as *in*) (C. H. T.) on the above date.

22. SIGNATURE *RJ Potts, MD* (Coroner)

23. ADDRESS *504 Bradley*

24. DATE SIGNED *2-23-66*

25. BURIAL CREMATION, REMOVAL (Specify) *Burial*

26. DATE *2-26-1966*

27. NAME OF CEMETERY OR CREMATORY *Calwest Park*

28. ADDRESS (City, town, or county) *Crown Point, Ind.*

29. DATE RECD BY LOCAL HEALTH OFFICER *FEB 24 1966*

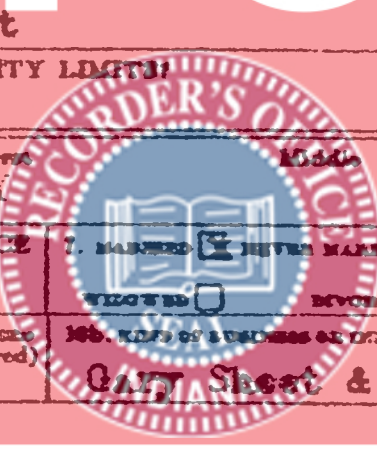
30. NAME OF FUNERAL DIRECTOR *Linton & McCally, Inc., Gary, Ind.*

January 2 1886
1000

15-29-19 N. 78 Ft. of S. 686 Ft. of
W. 160 Ft. of E2 NW
S. 15 T. 35 R. 8 .287 Ac.

157 28-15

Funeral Director's License No. 2124
Funeral Director's Name *Rowland McCally*
License No. 5133



FILED
JUL 28 1970

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CERTIFIED COPY
J. Rosenbloom
HEALTH COMMISSIONER
CITY OF GARY, IND.
DATE FEB 24 1966