

TYPE OF PRINT
PLAINLY WITH
UNFADING INK

THIS IS A
PERMANENT
RECORD

Below for State Office Use

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Disposition Permit Issued / /
Provisional Certificate
 Yes No

Local No. **640532**
69 1722

INDIANA STATE BOARD OF HEALTH
DIVISION OF VITAL RECORDS
MEDICAL CERTIFICATE OF DEATH

State No. _____

SDH 113-3

PERMANENT INK
SEE HANDBOOK FOR
INSTRUCTIONS

DECEASED—NAME FIRST MIDDLE LAST WILL JOHNSON			SEX Male	DATE OF DEATH (MONTH, DAY, YEAR) Dec. 9, 1969		
1. RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY) Negro		AGE—LAST BIRTHDAY (YEARS) Mo. Da. Yr. 69	UNDER 1 YEAR Mo. Da. Yr. 5b.	UNDER 1 DAY Hours Min. 5c.	DATE OF BIRTH (MONTH, DAY, YEAR) 8-12-1900	COUNTY OF DEATH Lake
4. CITY, TOWN, OR LOCATION OF DEATH Gary		7b. INSIDE CITY LIMITS (SPECIFY YES OR NO) Yes	7d. HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) Mercy Hospital Gary, Indiana			
8. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) Alabama		9. CITIZEN OF WHAT COUNTRY U. S. A.	10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Married	11. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) Mary		
12. SOCIAL SECURITY NUMBER 317-09-8357		13a. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE) Retired Laborer		13b. KIND OF BUSINESS OR INDUSTRY U. S. Steel		
14a. RESIDENCE—STATE Indiana		14b. COUNTY Lake	14c. CITY, TOWN OR LOCATION Gary		14d. INSIDE CITY LIMITS (SPECIFY YES OR NO) Yes	TOWNSHIP Calumet
14f. STREET AND NUMBER 2616 Madison Street					15. RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input type="checkbox"/>	
15. FATHER—NAME FIRST MIDDLE LAST Bob Johnson		16. MOTHER—MAIDEN NAME FIRST MIDDLE LAST Lucy Redd		17. Mailing Address (Street or R. F. D. No., City or Town, State, Zip) 2616 Madison St. Gary, Ind. 46407		
17a. Informant—Name Mary Johnson		17b. Relationship Wife		17c. Mailing Address (Street or R. F. D. No., City or Town, State, Zip) 2616 Madison St. Gary, Ind. 46407		
PART I. DEATH WAS CAUSED BY. (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) AND (c))						
18. IMMEDIATE CAUSE (a) Myocardial infarct		(b) _____		(c) _____		
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (A), STATING THE UNDERLYING CAUSE LAST		DUE TO, OR AS A CONSEQUENCE OF:		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 5 days		
PART II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (A)						
DEATH OCCURRED (HOUR) 70a. _____ M. 70b. _____		THE DECEDENT WAS PRONOUNCED DEAD MONTH DAY YEAR HOUR		DATE SIGNED (MONTH, DAY, YEAR)		
CERTIFIER—NAME (TYPE OR PRINT) ROBERT J. GOLOSTONE MD.		SIGNATURE <i>Robert J. Golostone MD.</i>		DEGREE OR TITLE MD.		
22c. MAILING ADDRESS—CERTIFIER 3229 Broadway		STREET OR R. F. D. NO. Broadway		CITY OR TOWN Gary	STATE Ind	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		24b. CEMETERY, CREMATORY, FUNERAL HOME Oak Hill Cemetery		24c. CITY OR TOWN STATE Gary, Indiana		
24a. DATE (MONTH, DAY, YEAR) 12-13-1969		24d. FUNERAL HOME—NAME AND ADDRESS (STREET OR R. F. D. NO., CITY OR TOWN, STATE, ZIP) Smith & Bizzell 2295 Wash. St. Gary, Ind. 46407				
25b. FUNERAL DIRECTOR—SIGNATURE <i>Ether Bizzell</i>		HEALTH OFFICER—SIGNATURE <i>J. Rosenblom MD</i>		DATE RECEIVED BY LOCAL HEALTH OFFICER DEC 10 1969		

EMBALMER'S NAME: **Ether Bizzell**
LICENSE No.: **2397**
FUNERAL DIRECTOR'S LICENSE No.: **1082**

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E. N. Caldwell, M.D.
CERTIFIED COPY
HEALTH COMMISSIONER
CITY OF GARY, IND.

DATE JUN 3 1981