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LAWYERS TITLE INS. CORP. 7895 BROADWAY MERRILLVILLE, IND 46410 State No. INDIANA STATE BOARD OF HEALTH MEDICAL CERTIFICATE OF DEATH

Local No. 986-81

Form with fields for DECEASED-NAME (Raymond A. Johnson), SEX (Male), DATE OF DEATH (July 6, 1981), RACE (White), AGE (66), CITY (Crown Point), HOSPITAL (St. Anthony Medical Center), STATE OF BIRTH (Kentucky), CITIZEN (U.S.A.), MARRIED (Married), SURVIVING SPOUSE (Nellie Harris), SOCIAL SECURITY NUMBER (704-07-4809), USUAL OCCUPATION (Maintenance), KIND OF BUSINESS OR INDUSTRY (J. & L. Company), RESIDENCE-STATE (Indiana), COUNTY (Lake), CITY (Crown Point), STREET AND NUMBER (6720 W. 109th Avenue), IS DECEASED OF SPANISH DESCENT? (No), FATHER (Rollen Johnson), MOTHER (Tena Stasberry), INFORMANT (Nellie Johnson, Wife), MAILING ADDRESS (6720 W. 109th Avenue, Crown Point, Indiana 46307), BURIAL (Burial), CEMETERY (Calumet Park Cemetery), LOCATION (Merrillville, Indiana), DATE (July 9, 1981), FUNERAL HOME (Geisen Funeral Home, Inc., 109 N. East St., Crown Point, IN 46307), NAME OF ATTENDING PHYSICIAN (Donald C. Miller M.D.), MAILING ADDRESS - PHYSICIAN (13963 Morse Cedar Lane, In. 46303), HEALTH OFFICER-SIGNATURE (Peter Frey M.D.), PART I (Ventricular fibrillation, Anteroseptal myocardial infarction, Arteriosclerotic heart disease), PART II (Other significant conditions), INTERVAL BETWEEN ONSET AND DEATH (minutes, 3 hrs., 70 yrs.), AUTOPSY (No).

TYPE OR PRINT PLAINLY WITH UNFADING INK

THIS IS A PERMANENT RECORD

Below for Office Use

FUNERAL HOME No. 125

TYPE OR PRINT IN PERMANENT INK FOR INSTRUCTIONS SEE HANDBOOK

DECEASED

PARENTS

DISPOSITION

M.D. OR D.O.

CAUSE

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

Vertical text on the left side: 'A' through '12' and 'WAS ALREADY DULY ENTERED FOR TAXATION IN NAME OF'.

Vertical text in the middle: 'LICENSE No. 32', 'FUNDING DIRECTOR'S LICENSE No. 366', 'EMBALMER MAR 25 1982 Robert P. Geisen', 'FUNDING DIRECTOR'S SIGNATURE', 'LAKE COUNTY HEALTH COMMISSIONER'.

4.00