

INDIANA STATE BOARD OF HEALTH  
CORONER'S CERTIFICATE OF DEATH

State No. ....

500  
Local No. 84-0813  
787555

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State Office Use

FUNERAL HOME  
No. 300776

LICENSE No. 101205  
FUNERAL DIRECTOR'S  
200367

LICENSE No. 101205

Keith Dillon

FUNERAL DIRECTOR'S  
SIGNATURE

OR PRINT  
OR PRINT  
IN  
PERMANENT  
INK  
FOR  
INSTRUCTIONS  
SEE  
HANDBOOK

DECEASED

IF DEATH  
OCCURRED IN  
INSTITUTION  
SEE HANDBOOK  
REGARDING  
COMPLETION OF  
RESIDENCE ITEMS

PARENTS

DISPOSITION

CERTIFIER

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

CAUSE

1 DECEASED—NAME FIRST MIDDLE LAST CLYDE R. JOHNSTON		SEX Male	DATE OF DEATH (MONTH, DAY, YEAR) December 25, 1984
2 RACE—(a) White, Black, American Indian, etc. (Specify) White	3 AGE—Last Birthday (Mo., Day, Yr.) 55	4 UNDER 1 YEAR MOS. DATE	5 UNDER 1 DAY HOURS MINS
6 CITY, TOWN OR LOCATION OF DEATH Gary	7 HOSPITAL OR OTHER INSTITUTION—Name (If not in other, give street and number) Methodist Hospital Northlake Campus	8 DATE OF BIRTH (Mo., Day, Yr.) Nov. 25, 1929	9 COUNTY OF DEATH Lake
10 STATE OF BIRTH (If not in U.S.A. name country) Indiana	11 CITIZEN OF WHAT COUNTRY U.S.A.	12 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	13 SURVIVING SPOUSE (If wife, give maiden name) Martha Leek
14 SOCIAL SECURITY NUMBER 315-28-2022	15 USUAL OCCUPATION (Give kind of work done during most of working life, specify if retired) Teacher Machine Shop	16 KIND OF BUSINESS OR INDUSTRY Gary Vocational Career Center	
17 RESIDENCE—STATE Indiana	18 COUNTY Lake	19 CITY, TOWN OR LOCATION Gary	
20 STREET AND NUMBER 2575 West 41st Avenue		21 IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	22 INSIDE CITY LIMITS YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
23 IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
24 FATHER—NAME FIRST MIDDLE LAST Clyde Johnston	25 MOTHER—MAIDEN NAME FIRST MIDDLE Edna Timmerman	26	
27 INFORMANT—NAME (Specify relationship) Martha Johnston - Wife	28 MAILING ADDRESS STREET OR R.F.D. NO. CITY OR TOWN 2575 West 41st Avenue Gary, Indiana 46408	29	
30 BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation	31 CEMETERY OR CREMATORY—FUNERAL HOME Calvary Cemetery	32 LOCATION Portage, Indiana	33
34 DATE (MONTH, DAY, YEAR) December 29, 1984	35 FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) Geisen Funeral Home, Inc., 7905 Broadway Merrillville, In. 46410		
36 On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the causal stated: <i>Daniel D. Thomas, M.D.</i>		37 DATE SIGNED (Mo., Day, Yr.) 12/28/84	38 HOUR OF DEATH M
39 NAME AND ADDRESS OF CERTIFIER (Type or Print) DANIEL D. THOMAS, M.D., 2293 NORTH MAIN ST., CROWN POINT, IN. 46307		40 PRONOUNCED DEAD (Mo., Day, Yr.) 12/25/84	41 PRONOUNCED DEAD (Hour) 6:50 P.M. M
42 HEALTH OFFICER—SIGNATURE <i>James J. ...</i>	43 DATE RECEIVED BY LOCAL HEALTH OFFICER DEC 31 1984		
44 PART I (a) IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER PART I (a) AND (b)) Severe coronary artery disease	45 Interval between onset and death Undetermined		
46 (b) DUE TO, OR AS A CONSEQUENCE OF	47 Interval between onset and death		
48 (c) DUE TO OR AS A CONSEQUENCE OF	49 Interval between onset and death		
50 PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)	51 AUTOPSY (Specify Yes or No) Yes		
52 ACC. SUICIDE, HOM. UNDET., OR PENDING INVEST. (Specify) Natural	53 DATE OF INJURY (Mo., Day, Yr.)	54 HOUR OF INJURY M	55 DESCRIBE HOW INJURY OCCURRED
56 INJURY AT WORK (Specify Yes or No)	57 PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)	58 LOCATION STREET OR R.F.D. NO. CITY OR TOWN STATE	59

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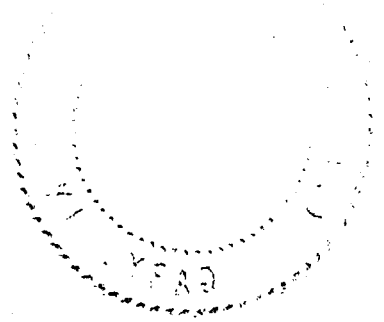
STATE OF INDIANA  
LAKE COUNTY  
FILED  
DEC 28 1984  
1-39-16-9 S-29-136-28

JAN 8 1985  
AUDITOR LAKE COUNTY  
*James J. ...*

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visional  
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 No

DEC 31 1984

311010



*James W. Haddock, M.D.*  
D. ER HAD CO P

HEALTH COMMISSIONER  
OLLY OF GARY, IND.  
DEC 31 1984