

TYPE OR PRINT
PLAINLY, WITH
UNFAADING INK
THIS IS A
PERMANENT
RECORD

Below for State Office Use
KEY 43-73-15

GARY BOND & MTC. CO
A 1st ADDS. 1 1/2 FT. LOT 13
B ALL LOT 14
C N 11 1/2 FT LOT 15

D _____
E _____
F _____
G _____
H _____
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J _____
K _____
L _____
1 _____
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12 _____

EMBALMER'S NAME Sherman G. Banks III

FUNERAL DIRECTOR'S SIGNATURE *Sherman G. Banks III*

797791

FUNERAL HOME
No. 248

FUNERAL DIRECTOR'S
LICENSE No. 1625

Local No. 85-0125

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

State No. _____

121

DECEASED—NAME 1 FIRST MIDDLE LAST Abraham Johnson		SEX 2 Male	DATE OF DEATH (MONTH DAY YEAR) 3 February 18, 1985
RACE—(e.g. White, Black American, Indian, etc.) (Specify) 4 Amer. Blk.	AGE—Last Birthday (Yrs) 5a 67	UNDER 1 YEAR 5b MONTHS DAYS 5c HOURS MIN.	DATE OF BIRTH—(Mo., Day, Yr.) 6 31 Oct. 1917
CITY, TOWN OR LOCATION OF DEATH 7b Gary		HOSPITAL OR OTHER INSTITUTION—(Name if not in other give street and number) 7c 1958 Roosevelt Place	IF HOSP OR INST. (Specify) (Specify) 7d N/A
STATE OF BIRTH (If not in U.S.A. Name Country) 8 Mississippi	CITIZEN OF WHAT COUNTRY 9 U.S.A.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) 10 Married	SURVIVING SPOUSE (If wife give maiden name) 11 Ruby L. Carson
SOCIAL SECURITY NUMBER 13 317-09-5770	USUAL OCCUPATION (Give kind of work done during most of working life, even if stopped) 14a Retired Steelworker	KIND OF BUSINESS OR INDUSTRY 14b U.S. Steel Sheet & Tin	
RESIDENCE—STATE 15a Indiana	COUNTY 15b Lake	CITY, TOWN OR LOCATION 15c Gary	IS RESIDENCE ON A FARM? 15p YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
STREET AND NUMBER 15d 1958 Roosevelt Place		INSIDE CITY LIMITS (SPECIFY YES OR NO) 15f Yes	
IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. 15g YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
FATHER—NAME 16 FIRST MIDDLE LAST Edward Johnson		MOTHER—MAIDEN NAME 17 FIRST MIDDLE LAST Caroline U/A	
INFORMANT—NAME (Type or Print) RELATIONSHIP 18a Ruby Johnson (Wife)		MAILING ADDRESS (STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP) 18b 1958 Roosevelt Place Gary Indiana 46404	
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a Burial		CEMETERY OR CREMATORY—FUNERAL HOME LOCATION 19b Evergreen Cemetery 19c Hobart Indiana	
DATE (MONTH, DAY, YEAR) 20a February 22, 1985		FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN STATE ZIP) 20b Smith Bizzell & Warner, Inc., 2295 Wash. St., Gary, Ind., 46407	
To the best of my knowledge, death occurred at the time, date and place and due to the causes stated 21a (Signature) <i>Dr. R. Greenberg, M.D.</i>		DATE SIGNED (Mo., Day, Yr.) 21b 2-19-85	HOUR OF DEATH 21c 8:05 PM
NAME OF ATTENDING PHYSICIAN (Type or Print) 21d Dr. R. Greenberg, M.D.		M.A. OR D.O.	
MAILING ADDRESS—PHYSICIAN 21e 4321 Fir Street East Chicago, Indiana 46312		DATE RECEIVED BY LOCAL HEALTH OFFICER 22b FEB 20 1985	
HEALTH OFFICER—SIGNATURE 22a <i>[Signature]</i>		PART I IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE FROM (a), (b), AND (c)) 23a (a) Cardiovascular, heart failure	
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST 23b (b) congestive heart failure		Interval between onset and death 3 weeks.	
CAUSE 23c (c) Aortic atherosclerotic heart disease		Interval between onset and death 3 weeks.	
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a) 24		AUTOPSY (Specify Yes or No)	

FILED

APR 2 1985

Laura O. Trust
AUDITOR LAKE COUNTY

100-100

100-100
100-100
100-100

James H. [Signature]
HEALTH COMMISSIONER
CITY OF GARY, IND.
DATE APR 2 1985