

GRACE JOHNSON 14344 REEDER RD. CT. 46307-9742

0961971 88 JUL '84

FILED

APR 20 1990

STATE OF ILLINOIS

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO 1632 REGISTERED NUMBER 344 DECEASED - NAME DONALD JOHNSON SEX MALE DATE OF DEATH JUL 9 1984

RACE WHITE ORIGIN OR DESCENT AMERICAN AGE 15 UNDER 1 YEAR UNDER 1 DAY DATE OF BIRTH JUN 1 1939 COUNTY OF DEATH COOK

CITY, TWP. OR ROAD DISTRICT NUMBER CHICAGO HEIGHTS HOSPITAL OR OTHER INSTITUTION ST. JAMES Hospital

STATE OF BIRTH ILLINOIS CITIZEN OF WHAT COUNTRY U.S.A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED MARRIED NAME OF SURVIVING SPOUSE GRACE FINN

SOCIAL SECURITY NUMBER 360-30-6048 USUAL OCCUPATION ELECTRICIAN KIND OF BUSINESS OR INDUSTRY CONSTRUCTION WAS DECEASED EVER IN U.S. ARMED FORCES? Yes WAR OR DATES OF SERVICE 1959-1963

RESIDENCE STREET AND NUMBER 14344 REEDER Rd CITY, TWP. OR ROAD DISTRICT NO CROWN POINT INSIDE CITY YES NO COUNTY LAKE STATE INDIANA

FATHER - NAME EDWARD JOHNSON MOTHER - MAIDEN NAME MARGARET MIZANTIN

INFORMANT'S NAME GRACE JOHNSON RELATIONSHIP WIFE MAILING ADDRESS 14344 REEDER CROWN POINT INDIANA

DEATH WAS CAUSED BY: (a) MULTIPLE INJURIES (b) AUTOMOBILE ACCIDENT

CONDITIONS, IF ANY, WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STAYING THE UNDERLYING CAUSE LAST.

PART II - OTHER SIGNIFICANT CONDITIONS: ACCIDENT, SUICIDE, HOMICIDE OR UNDETERMINED (SPECIFY) ACCIDENT DATE OF INJURY JULY 9 1984 HOUR 5:00 PM HOW INJURY OCCURRED AUTOMOBILE STRIKING PASSENGER

INJURY AT WORK? No PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC. (SPECIFY) STREET LOCATION CITY, VIL. OR TOWN, OR TWP. OR RD. DIST. NO. Crown Point, Ind. 20h. IF FEMALE WAS THERE A PREGNANCY IN PAST THREE MONTHS? YES NO

I CERTIFY THAT IN MY OPINION BASED UPON MY INVESTIGATION AND/OR THE INQUIRY, THIS DEATH OCCURRED ON THE DATE, AT THE PLACE AND DUE TO THE CAUSE(S) STATED, AND THAT

MEDICAL EXAMINER'S SIGNATURE Diane M. Scala-Barnett, M.D. DATE SIGNED July 10 1984

BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL CEMETERY OR CREMATORY - NAME ST. MARY LOCATION CITY OR TOWN CROWN POINT, INDIANA DATE (MONTH, DAY, YEAR) JULY 12, 1984

FUNERAL HOME NAME BLAKE-LAMB FUNERAL HOME 4727 W. 103rd STREET OAK LAWN, ILLINOIS 60453

FUNERAL DIRECTOR'S SIGNATURE M.J. Pauls FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 5954

LOCAL REGISTRAR'S SIGNATURE John M. Costabile DATE REC'D. BY LOCAL REGISTRAR (MONTH, DAY, YEAR) July 11, 1984

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STATE OF INDIANA, V. NO. LAKE COUNTY CLERK REC'D. JUL 20 9 36 AM '84

I HEREBY CERTIFY that the foregoing is a true and correct copy of the DEATH record for the descendant in Item No. 1 and that the record was established and filed in my office in accordance with the provisions of the Illinois Statutes relating to the registration of births, deaths, and stillbirths.

DATE: JUL 11 1984 SIGNED: John M Costabile AT: CHICAGO HEIGHTS, IL 60411 TITLE: LOCAL REGISTRAR

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