

92024379

INDIANA STATE BOARD OF HEALTH

Local No. 0235-92

CERTIFICATE OF DEATH

State No.

TYPE/PRINT IN PERMANENT BLACK INK

1. DECEASED—NAME (First, Middle, Last) Cecil Johnson		2. SEX Male	3a. TIME OF DEATH 12:35B	3b. DATE OF DEATH (Month, Day, Year) January 29, 1992
4. SOCIAL SECURITY NUMBER 197-20-5354		5a. AGE—Last Birthday (Years) 74	5b. UNDER 1 YEAR Months: _____ Days: _____	5c. UNDER 1 DAY Hours: _____ Minutes: _____
6. DATE OF BIRTH (Mo, Day, Yr) JUL 17, 1917		7. BIRTHPLACE (City and State or Foreign Country) Baldwyn, Mississippi		
8a. WAS DECEDENT A U.S. VETERAN? Yes	8b. YEAR LAST SERVED IN U.S. ARMED FORCES? 1943	9a. PLACE OF DEATH (Check only one. See instructions.) HOSPITAL <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence <input type="checkbox"/>		
9b. FACILITY NAME (If not institution, give street and number) Methodist Southlake		9c. CITY, TOWN, OR LOCATION OF DEATH Merrillville	9d. COUNTY OF DEATH Lake	
10. MARITAL STATUS (Specify) Married	11. SURVIVING SPOUSE (If wife, give maiden name) Lola Hinds	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Steelworker	12b. KIND OF BUSINESS/INDUSTRY USX Coke Plant	
13a. RESIDENCE—STATE Indiana	13b. COUNTY Lake	13c. CITY, TOWN, OR LOCATION Gary	13d. STREET AND NUMBER 2485 Prospect Street	
13e. ZIP CODE 46407	13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	14. CITIZEN OF WHAT COUNTRY? USA	15. WAS DECEDENT OF HISPANIC ORIGIN? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc.)	16. RACE—American Indian, Black, White, etc. (Specify) Afro Am
17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 6 College (1-4 or 5+) 6		18. FATHER'S NAME (First, Middle, Last) Dexter Johnson		
19. MOTHER'S NAME (First, Middle, Maiden Surname) Maggie Stubbs		20a. INFORMANT'S NAME (Type/Print) Lola Johnson		
20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2485 Prospect Street, Gary, Indiana 46407		20c. Relationship Wife		
21a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify) _____		21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) FEB 5 1992 Ridgeland Cemetery		21c. LOCATION—City or Town, State Gary, Indiana
22a. EMBALMER'S NAME Sherman G. Banks		22b. EMBALMER'S LICENSE NO. FDE1016254	23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
24a. SIGNATURE OF FUNERAL DIRECTOR <i>[Signature]</i>		24b. LICENSE NUMBER (of License) FDO1042607	25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME PH88900011 Smith Bizzell Warner & Son 4209 Grant St., Gary, In. 46408	
26. CAUSE OF DEATH (List all diseases, injuries, or complications that caused the death. Do not enter nonspecific terms, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.)				
IMMEDIATE CAUSE (Final disease or condition resulting to death) Cardiovascular Arrest				
CONDITIONS, IF ANY, WHICH GIVE RISE TO THE IMMEDIATE CAUSE, LISTING THE UNDERLYING CAUSE LAST Coronary Artery Disease				
PART II. Other significant conditions - Conditions contributing to death but not previously listed in Part I.				
27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) No		28a. WAS AN AUTOPSY PERFORMED? (Yes or no) No	28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) No	
29a. CERTIFIER (Check only one) <input type="checkbox"/> CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated. <input type="checkbox"/> HEALTH OFFICER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) as stated. <input checked="" type="checkbox"/> CORONER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner as stated.		29b. MEDICAL LICENSE NO. 01038025		
29c. DATE SIGNED (Month, Day, Year) 1/30/92		29d. SIGNATURE AND TITLE OF CERTIFIER <i>[Signature]</i>		
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Adolph Yaniz Dr., 5490 Broadway, Merrillville, Indiana 46410				
31. HEALTH OFFICER'S SIGNATURE <i>Alexander S. Williams, M.D.</i>				32. DATE FILED (Month, Day, Year) February 4, 1992
33. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Homicide		34a. DATE OF INJURY (Month, Day, Year) APR 20 1992	34b. TIME OF INJURY	34c. INJURY BY WORK
34d. PLACE OF INJURY—At home, farm, store, factory, office, building, etc. (Specify) Car on N. Antonio		34e. LOCATION—Street and Number or Rural Route Number, City or Town, State MERRILLVILLE LAKE COUNTY		
34g. DATE PRONOUNCED DEAD (Month, Day, Year)		34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.		

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THIS CERTIFICATE COMPLETE ON DEATH OR HEALTH DEPT

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

CORONER USE ONLY

#46-30733
Med City Realty
Apr 22 1992
Lake County Health Commissioner

APR 22 10 16 AM 1992
STATE OF INDIANA
FILED FOR
ROBERT B. COCHRAN
CLERK