

44-153-20 Receipt, Day Hand Cds 3rd Sub 120 ft L.19 AM. 420 BLK 20

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TALES: 259 Johnson St Gary, IN 46402

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

92040074

86-0048

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

State No.

Local No.

TYPE OR PRINT IN PERMANENT INK FOR INSTITUTIONS SEE HANDBOOK

FUNERAL HOME

No. 70

LICENSE No. 5170

FUNERAL DIRECTORS

LICENSE No. 270

Embalmer's Name: Roosevelt Allen

Embalmer's Name

FUNERAL DIRECTOR'S SIGNATURE

DECEASED

PARENTS

DISPOSITION

M.D. OR D.O.

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

CAUSE

1 DECEASED - NAME George Hubert Johnson		SEX Male		DATE OF DEATH MONTH DAY YEAR Jan. 5, 1986	
2 RACE - 108 Black		AGE - 109 58		DATE OF BIRTH MONTH DAY YEAR 9/26/1927	
3 CITY, TOWN OR LOCATION OF DEATH Gary		HOSPITAL OR OTHER INSTITUTION St. Mary's Medical Center		IF HOSP OR INST UNDER DOC. NO. (See back of form) Inp.	
4 STATE OF BIRTH Indiana		CITIZEN OF WHAT COUNTRY U.S.A.		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Married	
5 SOCIAL SECURITY NUMBER 317-20-8015		10a USUAL OCCUPATION Retired		SUPPORTING SPOUSE Susie Winslett	
6 RESIDENCE - STATE Indiana		7 COUNTY Lake		8 CITY, TOWN OR LOCATION Gary	
9 STREET AND NUMBER 259 Johnson St		13a IS RESIDENT ON A FARM? NO		13b INSIDE CITY LIMITS, APARTMENT OR NO.? yes	
10 FATHER - NAME Joseph Johnson		11 MOTHER - MAIDEN NAME Lula Williams		12	
14 INFORMANT - NAME (If you or grand) Susie Johnson (Wife)		15 MAILING ADDRESS 259 Johnson St. Gary, Indiana 46402		16	
17 BURIAL - CREMATION - REMOVAL - OTHER (Specify) Burial		18 CEMETERY OR CREMATORY - FUNERAL HOME Oak Hill Cemetery		19 LOCATION Gary, Indiana	
20 DATE (MONTH DAY YEAR) 1/10/86		21 FUNERAL HOME - NAME AND ADDRESS Gay & Allen Funeral Directors, Inc., 2959 W. 11th Ave. Gary, Indiana 46404		22	
23a SIGNATURE David P. Chube M.D.		23b DATE SIGNED (MONTH DAY YEAR) 1-22-86		24 HOUR OF DEATH 7:22 3:45 PM '86	
25 HEALTH OFFICER - SIGNATURE [Signature]		26 DATE RECEIVED BY LOCAL HEALTH OFFICER JAN 28 1986		27	
28 PART I (a) IMMEDIATE CAUSE Carcinoma of the Right Kidney with Direct Extension		29		30	
31 PART II (a) DUE TO OR AS A CONSEQUENCE OF		32		33	
34 PART III (a) OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I (a)		35		36	

Auditor: Anna N. Anton
LAKE COUNTY

01493

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STOP



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Handwritten signature
HEALTH COMMISSIONER
CITY OF GARY, IND.
DATE JUN 27 1986