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

Below for State Office Use

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Disposition Permit Issued / /
Provisional Certificate ☐ Yes ☐ No

Kay-4 46-339-1

Plat Manual 2nd pub 11 BL.F

EMBALMER'S NAME Roosevelt Allen St. LICENSE No. 5169

FUNERAL DIRECTOR'S SIGNATURE Roosevelt Allen

FUNERAL DIRECTOR'S LICENSE No. 270

FUNERAL HOME No. 770

6cc

Local No. 94024972 86-0461

INDIANA STATE BOARD OF HEALTH
CORONER'S CERTIFICATE OF DEATH

State No. PO Box 3553 Gary, IN 46409

TYPE OR PRINT IN PERMANENT INK FOR INSTRUCTIONS SEE HANDBOOK

DECEASED

1. Name: First Willie; Middle; Last Johnson
2. Sex: Male
3. Date of Death (Month, Day, Year): July 7, 1986
4. Race: Black
5. Age—Last Birthday (Years): 41
5a. Under 1 Year: Months; Days
5b. Under 1 Day: Hours; Minutes
6. Date of Birth: 7-5-1945
7a. County of Death: Lake
7b. City, Town or Location of Death: Gary
7c. Hospital or Other Institution—Name (If not in either give street and number): St. Mary's Medical Center
7d. If Hosp. or Inst. Inpatient or Dead on Arrival, Inpatient (Specify): 7d
8. State of Birth (If not in U.S.A. name country): Miss.
9. Citizen of What Country: U.S.A.
10. Married, Never Married, Widowed, Divorced (Specify): Married
11. Surviving Spouse (If wife, give maiden name): Martha
12. Was Decedent Ever in U.S. Armed Forces? (Specify Yes or No): Yes
13. Social Security Number: 309-52-9965
14a. Usual Occupation (Give kind of work done during most of working life, even if retired):
14b. Kind of Business or Industry:
15a. Residence—State: Indiana
15b. County: Lake
15c. City, Town or Location: Gary
15d. Street and Number: 3601 Jackson Street
15e. If Residence on a Farm? YES ☐ NO ☒
15f. Inside City Limits? Yes
15g. If Deceased of Spanish Descent? If Yes Specify Mexican, Cuban, Puerto Rican, Etc.: YES ☐ NO ☒

PARENTS

16. Father—Name: First; Middle; Last
17. Mother—Maiden Name: First; Middle; Last

DISPOSITION

18a. Informant—Name: Martha Johnson
18b. Relationship: Wife
18c. Mailing Address (Street or R.F.D. No.): 3601 Jackson Street
18c. City or Town: Gary
18c. State: Indiana
18c. ZIP Code: 46408
19a. Burial, Cremation, Removal, Other (Specify): Removal
19b. Cemetery or Crematory—Funeral Home: Local
19b. Location—City or Town: Greenwood
19b. State: Mississippi
20a. Date (Month, Day, Year): 7/11/86
20b. Funeral Home—Name and Address (Street or R.F.D. No., City or Town, State, ZIP): Guy & Allen Funeral Directors, Inc. 2959 W. 11th Ave. Gary, In. 46404

CERTIFIER

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) stated.

21a. Signature: Daniel D. Thomas
21b. Date Signed (Month, Day, Yr.): 7/11/86
21c. Hour of Death: M
21c. Pronounced Dead (Month, Day, Yr.) On: 7/7/86
21c. Pronounced Dead (Hour) At: 6:36 A. M
21d. Name and Address of Certifier (Type or Print): DANIEL D. THOMAS, M.D., 2293 NORTH MAIN ST., CROWN POINT, IN. 46307
22a. Health Officer—Signature: James T. Kelbick, J.D.
22b. Date Received by Local Health Officer: JUL 15 1986

CAUSE

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

23. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) AND (c).)

PART I
(a) Intracranial hemorrhages — Interval between onset and death: Undetermined
DUE TO, OR AS A CONSEQUENCE OF:
(b) Due to ruptured aneurysm
DUE TO OR AS A CONSEQUENCE OF:
(c)

PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I.

MAR 29 1987 D1775

Autopsy (Specify Yes or No): Yes

24. Acc., Suicide, Hom., Undet., or Pending Invest. (Specify): Natural
25a. Date of Injury (Month, Day, Yr.):
25b. Hour of Injury: AM PM
25c. Describe How Injury Occurred: Accident
25d. Injury at Work (Specify Yes or No):
25e. Place of Injury—At home, farm, street, factory, office building, etc.: Residence
25f. Location—City or Town: Lake County
25f. Street or R.F.D. No.:
25f. City or Town:
25f. State:

SSH-08-004 REV. 10/77 State Form 10140

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RECORDER'S STAMP
STATE OF INDIANA
LAKE COUNTY
FILED
MAR 29 1987
RECORDER