

* ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pursue its statutory responsibility. Disclosure is voluntary and there will be no penalty for refusal.

10CC + 3 Free VETS
INDIANA STATE DEPARTMENT OF HEALTH

Local No. 95-0352

CERTIFICATE OF DEATH

State No. 47-196-21

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-19-3

TYPE/PRINT
IN
PERMANENT
BLACK INK

1 DECEASED—NAME (First Middle Last) Johnny L. Ford Jr.				2 SEX Male		3a TIME OF DEATH 3:05 P M		3b DATE OF DEATH (Month, Day, Year) December 18, 1995				
4 *SOCIAL SECURITY NUMBER 311-26-4337		5a AGE—Last Birthday (Years) 66		5b UNDER 1 YEAR Months Days		5c UNDER 1 DAY Hours Minutes		6 DATE OF BIRTH (Mo Day Yr) July 21, 1929		7 BIRTHPLACE (City and State or Foreign Country) Leflore, Mississippi		
8a WAS DECEDENT A U.S. VETERAN? Yes		8b YEAR LAST SERVED IN U.S. ARMED FORCES? 1951		9a PLACE OF DEATH (Check only one. See instructions) HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER <input type="checkbox"/> Nursing Home <input checked="" type="checkbox"/> Residence <input checked="" type="checkbox"/> (Specify)								
9b FACILITY NAME (If not institution give street and number) 301 West 21st Avenue						9c CITY TOWN OR LOCATION OF DEATH Gary			9d COUNTY OF DEATH Lake			
10 MARITAL STATUS (Specify) Married		11 SURVIVING SPOUSE (If wife give maiden name) Jamesella Trotter		12a DECEASED'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Pressman				12b KIND OF BUSINESS/INDUSTRY Budd Company				
13a RESIDENCE—STATE Indiana		13b COUNTY Lake		13c CITY TOWN OR LOCATION Gary		13d STREET AND NUMBER 2364 West 21st Avenue						
13a ZIP CODE 46404		13i 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 type="checkbox"/> Yes (If yes specify Cuban Mexican Puerto Rican etc)		16 RACE—American Indian Black White etc Black		17 DECEASED'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+)		
18 FATHER'S NAME (First Middle Last) Johnny L. Ford Sr.						19 MOTHER'S NAME (First Middle Maiden Surname) Lucy Williams						
20a INFORMANT'S NAME (Type/Print) Jamesella Ford				20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2364 West 21st Avenue Gary, Indiana 46404				20c Relationship Wife				
21a METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Entombment <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) December 23, 1995 Evergreen Cemetery				21c LOCATION—City or Town, State Hohart, Indiana				
22a EMBALMER'S NAME Roosevelt Allen SR.				22b EMBALMER'S LICENSE NO. #01051696		23 WAS DEATH REPORTED TO CORONER? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes						
24a SIGNATURE OF FUNERAL DIRECTOR <i>Robert J. Brown</i>				24b LICENSE NUMBER (of Licensee) #08700646		25 NAME, ADDRESS AND LICENSE NUMBER OF FUNERAL HOME Gay & Allen Funeral Directors, Inc. 83007704 2959 West 11th Avenue Gary, Indiana 46404						
26 PART I: Enter the diseases, injuries or complications that caused the death. Do not enter nonspecific terms such as "accident" or "respiratory arrest shock" or "heart failure." List only one cause on each line.												
IMMEDIATE CAUSE (Final disease or condition resulting in death) a Laceration of ascending aorta b Due to a gunshot wound c d												
PART II: Other significant conditions - Conditions contributing to death but not previously stated in Part I												
27 WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) No				28a WAS AN AUTOPSY PERFORMED? (Yes or no) Yes				28b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) Yes				
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 SIGNATURE AND TITLE OF CERTIFIER <i>Dr. Thomas R. Philpot</i>						29c MEDICAL LICENSE NO. 538-B		29d DATE SIGNED (Month, Day, Year) December 27, 1995				
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 28) (Type/Print) Dr. Thomas R. Philpot, D.P.M., Coroner, 2293 North Main Street, Crown Point, Indiana 4630												
31 HEALTH OFFICER'S SIGNATURE <i>Robert J. Brown</i>										32 DATE FILED (Month, Day, Year) JAN 3 1996		
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 checked="" type="checkbox"/> Homicide		34a DATE OF INJURY (Month, Day, Year) Dec 18, 1995		34b TIME OF INJURY Unknown		34c INJURY AT WORK? (Yes or no) No		34d DESCRIBE HOW INJURY OCCURRED Gunshot wound				
34e PLACE OF INJURY—At home, farm, street, factory, office, building, etc. (Specify) Outdoors/Sidewalk						34f LOCATION (Street and Number or Rural Route Number, City or Town, State) 301 West 21st Avenue Gary, Indiana						
34g DATE PRONOUNCED DEAD (Month, Day, Year) December 18, 1995				34h MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc. No								

DECEDENT

PARENTS

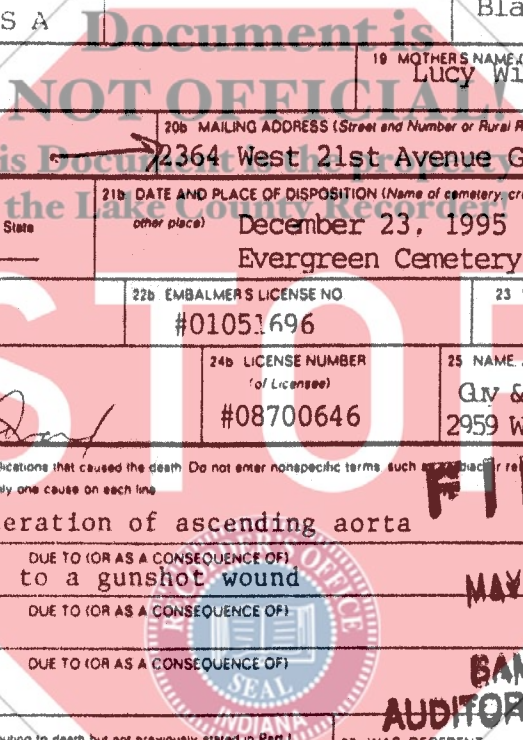
INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER



FILED
MAY 30 1996

BAM ORLICH
AUDITOR LAKE COUNTY

STATE OF INDIANA
FILED
MAY 31 1996
LAKE COUNTY
APPROXIMATE
INTERVAL BETWEEN
ONSET AND DEATH
UNKNOWN

9.00 K.S.