



NOT AN OFFICIAL DOCUMENT

Local No 000493

EDR No 000000475976

State No

1. Decedent's Legal Name (First, Middle, Last) <b>RAYMOND E JOHNSON</b>		3a. Maiden Name (If Female)		2. Sex: <b>MALE</b>	3. Time of Death <b>13:33</b>	4. Date of Death (Month/Day/Year) <b>10/26/2015</b>
5. Social Security Number	6a. Age - Yrs <b>85</b>	6b. Under 1 Year Months	6c. Under 1 Month Days	6d. Under 1 Day Hours	6e. Under 1 Hour Minutes	7. Date of Birth (Month/Day/Year) <b>12/24/1929</b>
8. Birthplace (City and State of Foreign Country) <b>BATESVILLE, MS</b>		9. Ever in U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown				

10. If Death Occurred In A Hospital: <input type="checkbox"/> Inpatient <input checked="" type="checkbox"/> Emergency Department Outpatient <input type="checkbox"/> Dead on Arrival		11a. If Death Occurred Somewhere Other Than A Hospital: <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Nursing Home/Long-term Care Facility <input type="checkbox"/> Other (Specify)	
11. Facility Name (If Not Institution, Give Street and Number) <b>METHODIST HOSPITAL NORTHLAKE</b>			
12. City Or Town, State, And Zip Code <b>GARY, IN, 46402</b>		13. County Of Death <b>LAKE</b>	

14. Marital Status At Time Of Death <input type="checkbox"/> Married, But Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown	
15. Surviving Spouse's Name <b>LILLIAN C JOHNSON</b>	
15a. (If Wife) Give Maiden Last Name <b>MCCAIN</b>	
16. Decedent's Usual Occupation <b>RETIRED STEEL WORKER</b>	
17. Kind Of Business/Industry <b>STEEL MILL</b>	

18. Residence - State <b>INDIANA</b>		18a. County <b>LAKE</b>		18b. City Or Town <b>GARY</b>	
18c. Street And Number <b>610 TAFT STREET</b>		18d. Apt. No.		18e. Zip Code <b>46404</b>	
18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					

19. Decedent's Education <b>ASSOCIATE DEGREE (AA, AS)</b>		20. Decedent Of Hispanic Origin <b>NOT HISPANIC</b>		21. Decedent's Race <b>Black or African American</b>	
22. Father's Name (First, Middle, Last) <b>MORDECAI JOHNSON</b>		23. Mother's Name (First, Middle, Last) <b>VERA JOHNSON</b>		23a. Mother's Maiden Last Name <b>BUTLER</b>	

24. Informant's Name <b>LILLIAN JOHNSON</b>		24a. Relationship To Decedent <b>WIFE</b>		24b. Mailing Address (Street And Number, City, State, Zip Code) <b>610 TAFT STREET, GARY, IN 46404</b>	
25a. Method Of Disposition <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal From State <input type="checkbox"/> Other (Specify):		25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) <b>REGIONAL CREMATION</b>		25c. Location - City, Town, And State <b>MUNSTER, IN</b>	

26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility <b>RIDGELAWN FUNERAL HOME, INC., 4201 W. RIDGE ROAD, GARY, IN 46408</b>		27b. Funeral Home License Number <b>FH10200007</b>	
27a. Signature Of Indiana Funeral Service Licensee: <b>RONALD DUANE COOPER, BY ELECTRONIC SIGNATURE</b>		27c. License Number (Of Licensee): <b>FD21100051</b>			

28. Part I. Enter The Chain Of Events - Diseases, Injuries, Or Complications - That Directly Caused The Death. Do Not Enter Terminal Events Such As Cardiac Arrest, Respiratory Arrest, Or Ventricular Fibrillation Without Showing The Etiology. Do Not Abbreviate; Enter Only One Cause On A Line. Add Additional Lines If Necessary. Immediate Cause (Final Disease Or Condition Resulting In Death) <b>A. ASYSTOLE</b>		29. Approximate Interval: Greatest To Death <b>MINUTES</b>	
Sequentially List Conditions, If Any, Leading To The Cause Listed On Line A. Enter The Underlying Cause (Disease Or Injury That Initiated The Events Resulting In Death) Last <b>B. PULMONARY EDEMA</b>		29. Approximate Interval: Greatest To Death <b>HOURS</b>	
<b>C. CARDIOPULMONARY FAILURE</b>		29. Approximate Interval: Greatest To Death <b>HOURS</b>	
<b>D. HYPERTENSIVE HEART DISEASE</b>		29. Approximate Interval: Greatest To Death <b>YEARS</b>	

Part II. Enter Other Significant Conditions Contributing to Death (But Not Resulting In The Underlying Cause Given In Part I)		30. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown		32. If Female: <input type="checkbox"/> Not Pregnant When Past Year <input type="checkbox"/> Pregnant At Time Of Death <input type="checkbox"/> Not Pregnant, But Pregnant Within 42 Days Of Death <input type="checkbox"/> Not Pregnant, But Pregnant 43 Days To 1 year Before Death <input type="checkbox"/> Unknown If Pregnant Within The Past Year	

33. Manner Of Death: <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could Not Be Determined							
34. Date Of Injury (Month/Day/Year)		35. Time Of Injury		36. Place Of Injury (E.G., Decedent's Home, Construction Site, Restaurant, Wooded Area)		37. Injury At Work? <input type="checkbox"/> Yes <input type="checkbox"/> No	

38. Location Of Injury - State		38a. City Or Town		38b. Street & Number		38c. Apt. No.		38d. Zip Code	
39. Describe How Injury Occurred		40. If Transportation Injury, Specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)							

41. Signature, Of Person Certifying Cause Of Death: <b>ALBERT REYNOLDS, BY ELECTRONIC SIGNATURE</b>		42. Certifier (Check Only One) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer			
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: <b>ALBERT REYNOLDS, 600 W GRANT ST, GARY, IN 46402</b>		44. License Number <b>01051168A</b>		45. Date Certified <b>10/28/2015</b>	

46. Additional Funeral Service Provider:		47. For Registrar Only - Date Filed (Month/Day/Year): <b>NOV 02 2015</b>	
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48. Signature of Local Health Officer: <b>ROLAND H WALKER, VIA ELECTRONIC SIGNATURE</b>		49. For Registrar Only - Date Filed (Month/Day/Year): <b>NOV 02 2015</b>	
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AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)

NOT AN OFFICIAL DOCUMENT

Property of Lake County Recorder



*Robert H. Walker*

CERTIFIED BY

HEALTH COMMISSIONER  
CITY OF GARY, IND.

DATE NOV 05 2015



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