

58571

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CERTIFIED COPY OF A DEATH RECORD

MA P-328-16
5826

504 Broadway
Spring, Ill.

ORIGINAL 58571 STATE OF ILLINOIS MEDICAL CERTIFICATE OF DEATH

1. PLACE OF DEATH
a. STATE ILLINOIS b. COUNTY COOK

2. USUAL RESIDENCE (Where deceased lived, if institution, residence before admission.)
a. STATE Indiana b. COUNTY Lake c. INSIDE corporate limits and in City, Village, or Incorporated Town Gary

3. NAME OF DECEASED
a. (FIRST) ROBERT b. (MIDDLE) L. c. (LAST) BROWNRIGG

4. DATE OF DEATH (MONTH) (DAY) (YEAR)
6 2 66

5. SEX Male 6. RACE Negro 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 8. DATE OF BIRTH 8-27-21 9. AGE (in years last birthday) 44

10a. USUAL OCCUPATION Acetylene Burner 10b. KIND OF BUSINESS OR INDUSTRY Unknown 11. BIRTHPLACE (City and state or foreign country) Columbus, Mississippi 12. Citizen of what country? US.

13. FATHER'S FULL NAME Sam Brownrigg Deceased 14. MOTHER'S FULL MAIDEN NAME Callie Gumm

15. Was deceased ever in U.S. Armed Forces? (Yes, no, or unknown) (Give war or dates of service) Yes World War 11 16. SOCIAL SECURITY NUMBER 414 09 8921

17. INFORMANT c. SIGNATURE Peter A. Jennings 18. MEDICAL CAUSE OF DEATH PART I. DEATH WAS CAUSED BY: (Enter only one cause per line for (A), (B) and (C).) IMMEDIATE CAUSE (A) Chronic renal insufficiency with uremia. (B) Diabetes mellitus with Kimmelstiel-Wilson's syndrome, due to (C) Hypertensive heart disease. Unknown

19. DATE OF OPERATION, IF ANY 20. AUTOPSY? YES NO

21. I hereby certify that I attended the deceased from May 5, 1966 to June 2, 1966, that I saw the deceased alive on June 2, 1966, and death occurred on 7:45 A.M. from the causes and on the date stated above.
Signature: Anthony W. Gause, M.D. Date: 6-2-66 Illinois License No. Permit
Address: HINES, ILL. FI 3-7200

22. DISPOSITION: BURIAL-REMOVAL-CREMATATION Date: 6-2-66 23. FUNERAL DIRECTOR SIGNATURE: Andrew J. ... ADDRESS: ... FOREST PARK, ILLINOIS LOCAL REGISTRAR

24. Received for filing on JUN 3 1966 (Signed) Fred J. Rose

VS 200—BUREAU OF STATISTICS—ILLINOIS DEPARTMENT OF PUBLIC HEALTH
MARSHALLTOWN TERRACE L. 29 B1. 10
46-549-29

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I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent named at item 3 and that this record was established and filed in my office in accordance with the provisions of the Illinois statutes relating to the registration of births, stillbirths and deaths.
DATE JUN 3 1966 SIGNED Fred J. Rose
AT FOREST PARK ILLINOIS OFFICIAL LOCAL REGISTRAR OF VITAL STATISTICS

The original record of this death is permanently filed with the ILLINOIS DEPARTMENT OF PUBLIC HEALTH at Springfield, County clerks and local registrars are authorized to make certifications from copies of the original record. The Illinois statutes provide that the certification of a death record by the Department of Public Health or the local registrar or the county clerk shall be prima facie evidence in all courts and places of the facts therein stated.
VS 200-201A DEPARTMENT OF PUBLIC HEALTH—Bureau of Statistics
34840