STATE OF ILLINOIS

MEDICAL CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO: 99.0
REGISTERED NUMBER:
STATE FILE NUMBER: 237548

Hyatt Legal Services
70 E. Adelphi Blvd.
Hammond

1. DECEASED – NAME (FIRST, MIDDLE, LAST): JAMES P. ALLEN SR.
2. SEX: MALE
3. DATE OF DEATH (MONTH, DAY, YEAR): OCTOBER 29, 1983
4a. RACE – (WHITE, BLACK, AMERICAN INDIAN, ETC.) (SPECIFY): WHITE
4b. ORIGIN OR DESCENT: AMERICAN
5a. AGE – LAST BIRTHDAY (YRS): 49
5b. UNDER 1 YEAR – MOS. / DAYS:
5c. UNDER 1 DAY – HOURS / MIN.:
6. DATE OF BIRTH (MO., DAY, YEAR): JAN. 27, 1934
7a. COUNTY OF DEATH: WILL
7b. CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER: JOLIET
7c. HOSPITAL OR OTHER INSTITUTION – NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER): ST. JOSEPH HOSPITAL
7d. IF HOSP. OR INST., INDICATE DOA, OP/EMER, RM, INPATIENT (SPECIFY): INPATIENT
8. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY): ALABAMA
9. CITIZEN OF WHAT COUNTRY: U.S.A.
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): DIVORCED
11. NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE):
12. SOCIAL SECURITY NUMBER: 423-42-8949
13a. USUAL OCCUPATION: CONDUCTOR
13b. KIND OF BUSINESS OR INDUSTRY: RAILROAD
13c. U.S. WAR VETERAN (YES/NO): YES
13d. WAR OR DATES OF SERVICE: 1953-1956
14a. RESIDENCE STREET AND NUMBER: 1860 AYCLIFF COURT
14b. CITY, TOWN, TWP. OR ROAD DISTRICT NO.: JOLIET
14c. INSIDE CITY (YES/NO): YES
14d. COUNTY: WILL
14e. STATE: ILLINOIS
15. FATHER – NAME (FIRST, MIDDLE, LAST): RAY B. ALLEN
16. MOTHER – MAIDEN NAME (FIRST, MIDDLE, LAST): SUE JANE PEACOCK
17a. INFORMANT'S SIGNATURE: John Allen
17b. RELATIONSHIP: BROTHER
17c. MAILING ADDRESS (STREET AND NO. OR R. F. D., CITY OR TOWN, STATE, ZIP): 7343 MC COOK AVE. HAMMOND, IN 46323

18. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)

PART I. CONDITIONS, IF ANY, WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Cardiac asystole	6 Min
DUE TO, OR AS A CONSEQUENCE OF (b)	Fluid + electrolyte Alegma w/ shock	2 Hrs.
DUE TO, OR AS A CONSEQUENCE OF (c)	Acute pulmonary parenchymatis	36 hrs.

PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (b): Cirhotic respiratory distress syndrome

19a. AUTOPSY (YES/NO): NO
19b. WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH:
20a. DATE OF OPERATION, IF ANY: Nil
20b. MAJOR FINDINGS OF OPERATION: N/A
21a. I ATTENDED THE DECEASED FROM (MONTH, DAY, YEAR): 10-28-83
21b. TO (MONTH, DAY, YEAR): 10-29-83
21c. AND LAST SAW HIM/HER ALIVE ON (MONTH, DAY, YEAR): 10-27-83
21d. HOUR OF DEATH: 10:57 P M.
22a. TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED. SIGNATURE: Robert C. Chambers
22b. DATE SIGNED (MONTH, DAY, YEAR): OCT. 31, 1983
22c. NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT): ROBERT CHAMBERS 2000 GLENWOOD AVE JOLIET, ILLINOIS
22d. ILLINOIS LICENSE NUMBER: 036-050367
23. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT): N/A

NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER MUST BE NOTIFIED.

24a. BURIAL, CREMATION, REMOVAL (SPECIFY): BURIAL
24b. CEMETERY OR CREMATORY – NAME: HYTOP CEMETERY
24c. LOCATION – CITY OR TOWN, STATE: SCOTTSBORO, ALABAMA
24d. DATE (MONTH, DAY, YEAR): 11/2/1983
25a. FUNERAL HOME – NAME, STREET AND NUMBER OR R.F.D., CITY OR TOWN, STATE, ZIP: BURNS-KISH FUNERAL HOMES, INC. 5840 HOHMAN AVE. HAMMOND, INDIANA 46320
25b. FUNERAL DIRECTOR'S SIGNATURE: George A. Burns
25c. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER: 912
26a. LOCAL REGISTRAR'S SIGNATURE: James C. Bairings
26b. DATE REC'D. BY LOCAL REGISTRAR (MONTH, DAY, YEAR): NOV 1 1983

VR200 (REV. 1-78) Illinois Department of Public Health – Office of Vital Records (BASED ON 1978 U.S. STANDARD CERTIFICATE)

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent named herein 1, and that this record was established and filed in my office in accordance with the provisions of the Illinois Vital Records Act.

DATE NOV. 1 1983 SIGNED James C. Bairings

AT Joliet, Illinois 60433, Illinois OFFICIAL TITLE Registrar FILED

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 Department of Public Health assumes no responsibility for the correctness of the facts recorded on any certification of a death record by the Department of Public Health, local registrar or county clerk shall be prima facie evidence in all courts and places of the facts therein stated.

OFFICE OF VITAL RECORDS - ILLINOIS DEPARTMENT OF PUBLIC HEALTH - SPRINGFIELD, 62761

VR 2M 6-78 (1978)

Gardenia lot Lot 4 Sec 3