

REGISTRATION DISTRICT NO. 16.10 806156 STATE OF ILLINOIS STATE FILE NUMBER 601228

MEDICAL CERTIFICATE OF DEATH

DECEASED—NAME FIRST MIDDLE LAST SEX DATE OF DEATH (MONTH, DAY, YEAR)

1. **SELENA SAGO** 2. Male 3. **JANUARY 16, 1984**

RACE (WHITE, BLACK, AMERICAN INDIAN OR DESCENT) (SPECIFY) 4. **Black** 5. **America** 6. **69** 7a. **Cook**

CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN FULL, GIVE STREET AND NUMBER) 7b. **Chicago** 7c. **Presbyterian-St Luke Hospitals** 7d. **D.O.A.**

8. **Mississippi** 9. **U. S. A.** 10. **MARRIED** 11. **Lucille TAYLOR**

12. **414-36-5273-A** 13. **Retired** 13a. **Foundry** 13b. **NO** 13c. **NONE**

14a. **5911 S. Union** 14b. **Chicago** 14c. **Yes** 14d. **Cook** 14e. **Illinois**

15. **UNKNOWN** 16. **UNKNOWN**

17a. **Lucille SAGO** 17b. **Wife** 17c. **5911 so. Union, Chicago, Ill**

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

PART I. IMMEDIATE CAUSE

(a) **CARIORESPIRATORY ARREST**

(b) **CHRONIC CONGESTIVE HEART FAILURE**

(c) **ATHEROSCLEROSIS**

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

PART II. OTHER SIGNIFICANT CONDITIONS; CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (b)

CHRONIC OBSTRUCTIVE LUNG DISEASE

19a. **NO** 19b. **NO**

20a. **DATE OF OPERATION, IF ANY:** 20b. **MAJOR FINDINGS OF OPERATION**

20c. **NO** 20d. **NO**

21a. **I (101) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON** (MONTH, DAY, YEAR) 21b. **1. 16. 84** 21c. **WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (SPECIFY YES OR NO) YES** 21d. **HOUR OF DEATH** 21e. **4:00 AM**

22a. **SIGNATURE** 22b. **1/16/84**

22c. **NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)** 22d. **ILLINOIS LICENSE NUMBER**

22c. **Nyambi Ebie MD 1007 W 63rd St 60621** 22d. **3645826**

23. **NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.**

24a. **BURIAL, CREMATION, REMOVAL (SPECIFY)** 24b. **CEMETERY OR CREMATORY—NAME** 24c. **LOCATION** 24d. **CITY OR TOWN** 24e. **STATE** 24f. **DATE (MONTH, DAY, YEAR)**

24a. **BURIAL** 24b. **BURRO OAK Cem.** 24c. **Alsip** 24d. **Illinois** 24e. **Illinois** 24f. **JAN 23, 1984**

25a. **FUNERAL HOME** 25b. **NAME** 25c. **STREET AND NUMBER OR R. F. D.** 25d. **CITY OR TOWN** 25e. **STATE** 25f. **ZIP**

25a. **Stone Crest** 25b. **Stone Crest** 25c. **2122 W. 79th Street** 25d. **Chicago** 25e. **Illinois** 25f. **60620**

25a. **FUNERAL DIRECTOR'S SIGNATURE** 25b. **FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER**

25a. **Stone Crest** 25b. **7396**

26a. **LOCAL REGISTRAR'S SIGNATURE** 26b. **DATE REC'D. BY LOCAL REGISTRAR (MONTH, DAY, YEAR)**

26a. **Henry Stanton** 26b. **JAN 19 1984**

26c. **ACTING LOCAL REGISTRAR**

Jackie P. Sharpshin
2009 Broadway
Rm 1

January 19, 1984

STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO

SS

FILED

JAN 19 1984

STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO

I, HENRY STANTON, ACTING LOCAL REGISTRAR OF VITAL STATISTICS OF THE CITY OF CHICAGO, I HEREBY CERTIFY THAT I AM THE KEEPER OF THE RECORDS OF BIRTHS, STILLBIRTHS AND DEATHS OF THE CITY OF CHICAGO BY VIRTUE OF THE LAWS OF THE STATE OF ILLINOIS AND THE ORDINANCES OF THE CITY OF CHICAGO; THAT THE ACCOMPANYING CERTIFICATE ON THIS SHEET IS A TRUE COPY AS A RECORD KEPT BY ME IN PURSUANCE OF SAID LAWS AND ORDINANCES.

2 00 PM '85

HENRY STANTON
CORDER

Henry Stanton
ACTING LOCAL REGISTRAR

THIS CERTIFIED COPY VALID WHEN MULTICOLOR SEAL AND BLUE SIGNATURE ARE AFFIXED

DEPARTMENT OF HEALTH CITY OF CHICAGO

STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO

PH-645-94 #

Manhattan Ave