

Return to Daniel Toomey

REGISTRATION DISTRICT NO. 16.0F STATE OF ILLINOIS MEDICAL CERTIFICATE OF DEATH

REGISTERED NUMBER 814953

DECEASED—NAME: 1. Hazel C. Costello SEX: 2. Female DATE OF DEATH: 3. JUNE 5, 1976

RACE: 4. WHITE AGE—LAST BIRTHDAY (YRS.): 5a. 72 UNDER 1 YEAR: 5b. UNDER 1 DAY: 5c. DATE OF BIRTH (MONTH, DAY, YEAR): 6. MAY 20, 1904 PLACE OF DEATH: 7a. COOK COUNTY

CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER: 7b. LA GRANGE PARK INSIDE CITY (YES/NO): 7c. YES HOSPITAL OR OTHER INSTITUTION—NAME: 7d. 1211 HOMESTEAD RD.

BIRTHPLACE (STATE OR FOREIGN COUNTRY): 8. WISCONSIN CITIZEN OF WHAT COUNTRY: 9. U.S.A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): 10. WIDOW NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE): 11.

SOCIAL SECURITY NUMBER: 12. 344-18-2740 USUAL OCCUPATION: 13a. HOUSEWIFE KIND OF BUSINESS OR INDUSTRY: 13b. OWN HOME U.S. WAR VETERAN (YES/NO): 13c. NO WAR OR DATES OF SERVICE: 13d.

RESIDENCE STATE: 14a. ILLINOIS COUNTY: 14b. COOK CITY, TOWN, TWP. OR ROAD DISTRICT NO.: 14c. LAGRANGE PARK INSIDE CITY (YES/NO): 14d. YES STREET AND NUMBER: 14e. 1211 HOMESTEAD RD.

FATHER—NAME: 15. JOHN WEBB MOTHER—MAIDEN NAME: 16. MARY DWYER

INFORMANT'S SIGNATURE: 17a. James M. Costello RELATIONSHIP: 17b. SON MAILING ADDRESS (STREET AND NO. OR R. F. D., CITY OR TOWN, STATE, ZIP): 17c. RR 3 PLAINFIELD ILL 60544

DEATH WAS CAUSED BY: 18. Carcinoma of the stomach [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)] APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 1 year

PART II. OTHER SIGNIFICANT CONDITIONS, CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a): 19a. Pernicious anemia AUTOPSY (YES/NO): 19b. YES

DATE OF OPERATION, IF ANY: 20a. 2/10/76 MAJOR FINDINGS OF OPERATION: 20b. Intestinal obstruction, Carcinoma

I ATTENDED THE DECEASED FROM: 21a. 2/1/76 TO: 21b. 6/5/76 AND LAST SAW HIM/HER ALIVE ON: 21c. 5/26/76 HOUR OF DEATH: 21d. 2 P M.

I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE THIS DEATH OCCURRED ON THE DATE, AT THE TIME AND PLACE, AND FROM THE CAUSE(S) STATED NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH, THE CORONER MUST BE NOTIFIED.

SIGNATURE: 22a. Harry C. Messmore, MD DATE SIGNED (MONTH, DAY, YEAR): 22b. 6/6/76 ILLINOIS LICENSE NUMBER: 22c. 32203

MAILING ADDRESS: 23. AUG 8 1983 2160 S first Maywood Ill 60153

BURIAL, CREMATION, REMOVAL (SPECIFY): 24a. BURIAL CEMETERY OR CREMATORY—NAME: 24b. QUEEN OF HEAVEN LOCATION: 24c. HILLSIDE CITY OR TOWN: 24d. ILLINOIS DATE (MONTH, DAY, YEAR): 24d. JUNE 8, 1976

FUNERAL HOME: 25a. HILZEMAN FUNERAL HOME 9445 W. 31st St. BROOKFIELD ILLINOIS 60513

FUNERAL DIRECTOR'S SIGNATURE: 25b. Norbert F. Hitzeman FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER: 25c. 5838

LOCAL REGISTRAR'S SIGNATURE: 26a. John B. Hall, M.D. COOK COUNTY DEPT. OF PUBLIC HEALTH - CHICAGO, ILL. DATE REC'D. BY LOCAL REGISTRAR (MONTH, DAY, YEAR): 26b. JUN 8 1976

I HEREBY CERTIFY that the foregoing is a true and correct copy of the death record for the decedent named at Item 1 and that this record was established and filed with the local Registrar of Registrations District No. 16.0F in accordance with the provisions of the Illinois Statutes relating to the registration of births, stillbirths and deaths.

DATE: JUN 8 1976

SIGNED: *Charles J. Mergens*
OFFICIAL TITLE: SUB REGISTRAR

AT LA GRANGE, ILLINOIS
Meyer Manor Hth

RE: 1 N/2 Rd Bl 2 493
& ~~R 17 Bl 1~~ # 24-68-142 400