

# 814954 Certified Copy of a Death Record

Return to *Daniel Looney*

CEDENT'S BIRTH NO.		REGISTRATION DISTRICT NO. <i>16.92</i>	STATE OF ILLINOIS		STATE FILE NUMBER	
		REGISTERED NUMBER <i>826</i>	MEDICAL CERTIFICATE OF DEATH			
DECEASED—NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH, DAY, YEAR)
1. <i>James Costello</i>					2. <i>Male</i>	3. <i>May 22, 1975</i>
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)		AGE—LAST BIRTHDAY (YRS.)	UNDER 1 YEAR MOS.	UNDER 1 DAY HOURS	DATE OF BIRTH (MONTH, DAY, YEAR)	PLACE OF DEATH COUNTY
4. <i>White</i>		5a. <i>67</i>	5b.	5c.	6. <i>February 10, 1908</i>	7a. <i>Cook</i>
CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER		INSIDE CITY (YES/NO)	HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)			
7b. <i>Proviso Township</i>		7c. <i>No</i>	7d. <i>Foster G. McGaw Hospital</i>			
BIRTHPLACE (STATE OR FOREIGN COUNTRY)		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE)
8. <i>Illinois</i>		9. <i>USA</i>		10. <i>Married</i>		11. <i>Hazel Webb</i>
SOCIAL SECURITY NUMBER		USUAL OCCUPATION		KIND OF BUSINESS OR INDUSTRY		U.S. WAR VETERAN (YES/NO)
12. <i>338 07 4623</i>		13a. <i>Editor</i>		13b. <i>newspaper</i>		13c. <i>no</i>
RESIDENCE STATE		COUNTY	CITY, TOWN, TWP. OR ROAD DISTRICT NO.		INSIDE CITY (YES/NO)	STREET AND NUMBER
14a. <i>Illinois</i>		14b. <i>Cook</i>	14c. <i>LaGrange Park</i>		14d. <i>Yes</i>	14e. <i>1211 Homestead Road</i>
FATHER—NAME		FIRST	MIDDLE	LAST	MOTHER—MAIDEN NAME	
15. <i>James Costello</i>					16. <i>Catherine Craigh</i>	
INFORMANT'S SIGNATURE		RELATIONSHIP		MAILING ADDRESS (STREET AND NO. OR R. F. D., CITY OR TOWN, STATE, ZIP)		
17a. <i>Lucille Records</i>		17b. <i>Hospital records</i>		17c. <i>2160 S. 1st. Ave. Maywood, Ill.</i>		
18. DEATH WAS CAUSED BY: [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]						
PART I. IMMEDIATE CAUSE						
(a) <i>Pulmonary emboli</i>						
DUE TO OR AS A CONSEQUENCE OF:						
(b) <i>Acute Renal Failure</i>						
DUE TO OR AS A CONSEQUENCE OF:						
(c) <i>Carcinoma (metastatic) of Common Hepatic Duct</i>						
PART II. OTHER SIGNIFICANT CONDITIONS; CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)						
					AUTOPSY (YES/NO)	YES. WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH
					19a. <i>No</i>	19b. <i>Yes</i>
DATE OF OPERATION, IF ANY		MAJOR FINDINGS OF OPERATION				
20a. <i>FILED</i>		20b. <i>Cholecystectomy</i>				
I ATTENDED THE DECEASED FROM (MONTH, DAY, YEAR)		TO (MONTH, DAY, YEAR)	AND LAST SAW HIM HER ALIVE ON: (MONTH, DAY, YEAR)		HOUR OF DEATH	
21a. <i>AUG 8 1985 30-75</i>		21b. <i>5-22-75</i>	21c. <i>5-21-75</i>		21d. <i>4:25 AM.</i>	
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		NAME		DATE SIGNED (MONTH, DAY, YEAR)	ILLINOIS LICENSE NUMBER	
22a. <i>[Signature]</i>		22b. <i>K KAUFMAN MD</i>		22c. <i>5-22-75</i>	22d. <i>T-6601</i>	
MAILING ADDRESS—CERTIFIER		STREET AND NUMBER OR R. F. D.		CITY OR TOWN	STATE	ZIP
23. <i>2160 S. 1st. Ave.</i>		<i>Maywood</i>		<i>Illinois</i>	<i>60153</i>	
BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY OR CREMATORY—NAME		LOCATION	CITY OR TOWN	STATE
24a. <i>BURIAL</i>		24b. <i>QUEEN OF HEAVEN</i>		24c. <i>HILLSIDE 142</i>	24d. <i>5/24/75</i>	
FUNERAL HOME		NAME		STREET AND NUMBER OR R. F. D.	CITY OR TOWN	STATE
25a. <i>CHARLES J. COSTELLO</i>		<i>6621 W. NORTH AV.</i>		<i>OAK PARK, ILL.</i>		
FUNERAL DIRECTOR'S SIGNATURE		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER				
25b. <i>[Signature]</i>		25c. <i>387</i>				
LOCAL REGISTRAR'S SIGNATURE		DATE REC'D. BY LOCAL REGISTRAR (MONTH, DAY, YEAR)				
26a. <i>[Signature]</i>		26b. <i>MAY 22 1975</i>				

RECORDS SECTION  
 AUG 15 1985  
 9 35 AM  
 8 5 35 PM  
 9 35 AM

**FILED**

**AUG 8 1985**

**PHYSICIAN'S CERTIFICATION**

**BURIAL**

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 in my office in accordance with the provisions of the Illinois Vital Records Act.

**MAY 23 1975**

SIGNED *Don Brown*

FOREST PARK, ILLINOIS 60130, 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 Clerk and local registrars are authorized to make certifications from copies of the original record. The Illinois Statutes provide that...

*Meigs Manor Hh Rt 1 712 Rd 2 Bl 2 68-142*  
*217 Bl 1 #24 68-142*