

861673

STATE OF ILLINOIS

STATE FILE
NUMBER

602016

MEDICAL CERTIFICATE OF DEATH

Jan. 29, 1986.

REGISTRATION
DISTRICT NO. 16.10REGISTERED
NUMBER

DECEASED—NAME

FIRST

MIDDLE

LAST

SEX

DATE OF DEATH

(MONTH, DAY, YEAR)

1. ARNOLD

CHARLESTON

2. MALE

3. JANUARY 26, 1986

RACE—WHITE, BLACK, AMERICAN ORIGIN OR DESCENT (INDIAN, ETC. (SPECIFY))
BLACK

AGE—LAST YEAR MONTH DAY

43

DATE OF BIRTH (MO., DAY, YEAR)
6. JULY 15, 1942COUNTY OF DEATH
7b. Cook

CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER

7a. Chicago

HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN FIELD, GIVE STREET AND NUMBER)

7c. MITCHELL HOSPITAL

IF HOSP. OR INST. INDICATED ON OP/EMER. FM. INPATIENT (SPECIFY)

7d. INPATIENT

STATE OF BIRTH (IF NOT U.S.A. GIVE COUNTRY)

8. ARKANSAS

CITIZEN OF WHAT COUNTRY

9. U.S.A.

MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)

10. MARRIED

NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE)

11. PHYLLIS M. JOYCE

SOCIAL SECURITY NUMBER

12. 315-40-8048

USUAL OCCUPATION

13a. CLERK

KIND OF BUSINESS OR INDUSTRY

13b. AUTOMOBILE STORE

WAS DECEASED EVER IN U.S. ARMED FORCES (SPECIFY YES OR NO)

13c. No

WAR OR DATES OF SERVICE

13d.

RESIDENCE STREET AND NUMBER

14a. 7110 EAST 1ST AVE.

CITY, TOWN, TWP. OR ROAD DISTRICT NO.

14b. GARY 46403

(INSIDE CITY YES/NO)

14c. YES

COUNTY

14d. LAKE

STATE

14e. INDIANA

FATHER—NAME

15. UN AVAILABLE

MOTHER—MAIDEN NAME

16. ARBETTA CHARLESTON

INFORMANT NAME (TYPE OR PRINT)

17a. SENORA RICHARDSON

RELATIONSHIP

17b. RECORDS

MAILING ADDRESS (STREET AND NO. OR R. F. D., CITY OR TOWN, STATE, ZIP)

17c. 5841 MARYLAND CHGO, IL.

18. DEATH WAS CAUSED BY:

[ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART I. IMMEDIATE CAUSE

(a) *Chokehold arrest*

DUE TO OR AS A CONSEQUENCE OF:

(b) *CMV pneumonia*

DUE TO OR AS A CONSEQUENCE OF:

(c)

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

FILED

JUL 1 1986

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

Renal failure

AUTOPSY (YES/NO)

19a. YES

IF YES, WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH

19b.

DATE OF OPERATION, IF ANY

20a.

MAJOR FINDINGS OF OPERATION

20b. AUDITOR LAKE COUNTY

IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS

20c. YES NO

I (DID) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON

(MONTH, DAY, YEAR)
21a. JANUARY 26 1986

WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (SPECIFY YES OR NO)

21b. No

HOUR OF DEATH

21c. 9.55 A M.

TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.

DATE SIGNED (MO., DAY, YR.)

22a. SIGNATURE

Roger Hurst

22b. 1-27-86

NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)

5841 MARYLAND CHICAGO, ILLINOIS 60637

ILLINOIS LICENSE NUMBER

22d. 36-068985

22c. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)

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

BURIAL, CREMATION, REMOVAL (SPECIFY)

24a. Burial

CEMETERY OR CREMATORY—NAME

24b. OAK HILL

LOCATION

24c. GARY INDIANA

DATE (MONTH, DAY, YEAR)

24d. FEBRUARY 1, 1986

FUNERAL HOME

NAME

STREET AND NUMBER OR R. F. D.

CITY OR TOWN

STATE

ZIP

25a. TAYLOR FUNERAL HOME LTD 63 E. 79th ST. CHICAGO, ILLINOIS 60619

FUNERAL DIRECTOR'S SIGNATURE

25b. Charles B. Jones

FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER

25c. 6852

LOCAL REGISTRAR'S SIGNATURE

26a. Lonnie C. Edwards, M.D. M.P.A.

DATE REC'D. BY LOCAL REGISTRAR (MONTH, DAY, YEAR)

26b. JAN 29 1986 L4

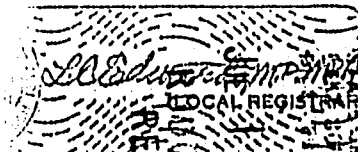
VR 200 REV. 5/82

Illinois Department of Public Health - Office of Vital Records (BASED ON 1978 U.S. STANDARD CERTIFICATE)

Phyllis M. Charleston

STATE OF ILLINOIS
COUNTY OF COOK SS
CITY OF CHICAGO

I, LONNIE C. EDWARDS M.D. M.P.A., LOCAL REGISTRAR OF VITAL STATISTICS OF THE CITY OF CHICAGO, DO 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.

KEY 42-327-13
CONRIT'S PARKSIDE, 400 RESUD
BLK L-M-N-O-P BL. J.
GARY BEACH 2 RESUS
LOT 13 BLK. 2LOCAL REGISTRAR
RECORDS
10 35 AM
LPH CLERK
CORDERTHIS CERTIFIED COPY VALID
WHEN MULTICOLOR SEAL AND
BLUE SIGNATURE ARE AFFIXED

400