

946828

AT: EVERGREEN PARK, ILLINOIS

DEPUTY REGISTRAR

DATE:

December 30, 1976

REGISTRAR

Gail A. Mason

I hereby certify that the foregoing is true and a correct copy of the death record of the person in item #1 and that this record was established and filed in my office in accordance with the provisions of the Illinois Statutes relating to the registration of Births, Stillbirths, and Deaths.

REGISTRATION DISTRICT NO. 16:33		STATE OF ILLINOIS		STATE FILE NUMBER 109518 Campbell Chgo. Ill. 60655		
REGISTERED NUMBER 1111		MEDICAL CERTIFICATE OF DEATH				
DECEASED—NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH, DAY, YEAR)
1. JAMES I. SWEARINGEN		2. MALE		3. DECEMBER 9, 1976		
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)		AGE—LAST BIRTHDAY (YRS.)	UNDER 1 YEAR	UNDER 1 DAY	DATE OF BIRTH (MONTH, DAY, YEAR)	PLACE OF DEATH COUNTY
4. WHITE		5a. 78	5b.	5c.	6. APRIL 8, 1898	7a. COOK
CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER		INSIDE CITY (YES/NO)	HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN LITHER, GIVE STREET AND NUMBER)			
7b. EVERGREEN PARK		7c. YES	7d. D.O.A. LITTLE CO. MARY HOSPITAL			
BIRTHPLACE (STATE OR FOREIGN COUNTRY)	CITIZEN OF WHAT COUNTRY	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE)		
8. IOWA	9. U.S.A.	10. MARRIED		11. LUCILE HAWORTH		
SOCIAL SECURITY NUMBER	USUAL OCCUPATION	KIND OF BUSINESS OR INDUSTRY		U.S. WAR VETERAN (YES/NO)	WAR OR DATES OF SERVICE	
12. 318-34-9748	13a. DEAN	13b. University		13c. YES	13d. W.W.I	
RESIDENCE STATE	COUNTY	CITY, TOWN, TWP. OR ROAD DISTRICT NO.	INSIDE CITY (YES/NO)	STREET AND NUMBER		
14a. ILLINOIS	14b. COOK	14c. CHICAGO	14d. YES	14e. 10951 S. Campbell Ave.		
FATHER—NAME		FIRST	MIDDLE	LAST	MOTHER—MAIDEN NAME	
15. HENRY FRANKLIN SWEARINGEN		16. NETTIE STOREY		NOV		
INFORMANT'S SIGNATURE		RELATIONSHIP	MAILING ADDRESS (STREET AND NO., OR R. F. D., CITY OR TOWN, STATE, ZIP)			
17a. Lucile G. Swearingen		17b. WIFE	17c. 10951 S. Campbell Ave. Chicago, Ill. 60655			
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		10a. Arteriosclerotic Coronary Heart Disease				years
CONDITIONS, IF ANY, WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.		10b. Arteriosclerosis				years
PART II. OTHER SIGNIFICANT CONDITIONS, CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)		10c. Cerebrovascular Arteriosclerosis				
DATE OF OPERATION, IF ANY		MAJOR FINDINGS OF OPERATION		AUTOPSY (YES/NO)	IF YES, WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH	
20a.		20b.		19a. NO	19b.	
I ATTENDED THE DECEASED FROM:		(MONTH, DAY, YEAR)	(MONTH, DAY, YEAR)	AND LAST SAW HIM/HER ALIVE ON:	(MONTH, DAY, YEAR)	HOUR OF DEATH
21a. Dec 16 74		21b. Dec. 9, 1976	21c. Dec. 1 76	21d. 12:07 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		DATE SIGNED (MONTH, DAY, YEAR)	ILLINOIS LICENSE NUMBER			
22a. Rex Loi		22b. Dec 10 76	22c. 22292			
MAILING ADDRESS—CERTIFIER		STREET AND NUMBER OR R. F. D.	CITY OR TOWN	STATE	ZIP	
23. 2017 W 95th		Chicago	Illinois	60643		
BURIAL, CREMATION, REMOVAL (SPECIFY)	CEMETERY OR CREMATORY—NAME	LOCATION	CITY OR TOWN	STATE	DATE (MONTH, DAY, YEAR)	
24a. Burial	24b. LONG POINT	24c. DeWITT COUNTY, ILLINOIS	24d. DEC. 13, 1976			
FUNERAL HOME		NAME	STREET AND NUMBER OR R. F. D.	CITY OR TOWN	STATE	ZIP
25a. W. W. FERN & SONS, Inc.		10001 S. Western Ave. Chicago, Ill. 60643				
FUNERAL DIRECTOR'S SIGNATURE		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER				
25b. W. W. Fern		25c. 3646				
LOCAL REGISTRAR'S SIGNATURE		DATE REC'D. BY LOCAL REGISTRAR (MONTH, DAY, YEAR)				
26a. Gail A. Mason		26b. Dec. 10, 1976				

VR 200 (1971r)

Illinois Department of Public Health - Office of Vital Records

BASED ON 1969 U.S. STANDARD CERTIFICATE

ILLIAN BLASTICK
L.C. RECORDER
LIFE COUNTY
FIELD RECORD

406
753