

138450-87-8
 REGISTRATION DISTRICT NO. 16,35
 REGISTERED NUMBER 432

952392

STATE OF ILLINOIS

STATE FILE NUMBER

MEDICAL CERTIFICATE OF DEATH

LILLIAN BLASTICK
 RECORDER
 FILED FOR RECORD

DECEASED 33
 24-90-33
 PARENTS
 KEY #
 CAUSE
 TITLE
 GROWN POINT, INDIANA
 ALL LOTS 34 & 35 BL.
 ALL LOTS 36 & 37 BL.
 OAKDALE SUBDIV.
 DEPOSIT

DECEASED - NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH - (MONTH, DAY, YEAR)	
1. Lonza B. Stephens					2. Male	3. July 10, 1987	
RACE - (WHITE, BLACK, AMERICAN INDIAN, ETC.) (SPECIFY)		ORIGIN OR DESCENT	AGE - LAST BIRTHDAY (YRS)	UNDER 1 YEAR	UNDER 1 DAY	DATE OF BIRTH - (MO., DAY, YEAR)	
4a. White		4b. American	5a. 77	5b.	5c.	6. October 13, 1909	
CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER			HOSPITAL OR OTHER INSTITUTION - NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)			IF HOSP. OR INST. INDICATE DOA OR OTHER INFORMATION (SPECIFY)	
7b. Melrose Park			7c. Gottlieb Memorial			7d. Cook	
STATE OF BIRTH - (IF NOT U.S. NAME COUNTRY)		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		NAME OF SURVIVING SPOUSE - (MAIDEN NAME, IF WIFE)	
8. Kentucky		9. USA		10. Married		11. Shirley L. Caylor	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION		KIND OF BUSINESS OR INDUSTRY		WAS DECEASED EVER IN U.S. ARMED FORCES? YES / NO	
12. 329-12-1070		13a. Painter		13b. Decorating		13c. No	
RESIDENCE - STREET AND NUMBER		CITY, TOWN, TWP. OR ROAD DISTRICT NO.		INSIDE CITY YES / NO		COUNTY	
14a. 1434 Ellisville Lane		14b. Schaumburg		14c. Yes		14d. Cook	
FATHER - NAME			MOTHER - MAIDEN NAME			STATE	
15. George Stephens			16. Unavailable Lefaver			14e. Illinois	
INFORMANT NAME (TYPE OR PRINT)		RELATIONSHIP		MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP)			
17a. Shirley L. Stephens		17b. Wife		17c. 1434 Ellisville Lane, Schaumburg, Ill. 60193			
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))						APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
(a) CARDIOPULMONARY ARREST						immediate	
(b) CORONARY ARTERY DISEASE						18 years	
(c) CEREBRAL VASCULAR DISEASE						5 years	
CONDITIONS, IF ANY, WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.							
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (H)							
CONGESTIVE HEART FAILURE							
DATE OF OPERATION, IF ANY		MAJOR FINDINGS ON OPERATION				AUTOPSY YES / NO	
20a.		20b.				19a. no	
IF FEMALE, WAS THERE A PREGNANCY IN LAST THREE MONTHS?						20c. YES [] NO [x]	
I (DID) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON				WAS CORONER OR MEDICAL EXAMINER NOTIFIED? YES / NO		HOUR OR DEATH	
21a. SEEN BY Dr. Davis				21b. Yes		21c. 9:40 P.M.	
TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.							
22a. SIGNATURE				22b. DATE SIGNED - (MONTH, DAY, YEAR)			
NAME AND ADDRESS OF CERTIFIER				ILLINOIS LICENSE NUMBER			
22c. GASTON CARRENSO, M.D. 1431 N. Meacham				22d. 036-064503			
NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.							
23. Dr. Richard Davis		CEMETERY OR CREMATORY - NAME		LOCATION		DATE (MONTH, DAY, YEAR)	
24a. Burial		24b. Fairview Memorial		24c. Northlake Illinois		24d. July 14, 1987	
FUNERAL HOME		NAME		STREET AND NUMBER OR R.F.D.		CITY OR TOWN	
25a. Ahlgrim & Sons, Ltd. 330 W. Golf Rd		25b. Nelson B. Wold		25c. 5050		25d. July 13, 1987	
FUNERAL DIRECTOR'S SIGNATURE				LOCAL REGISTRAR'S SIGNATURE			
25a. Ahlgrim & Sons, Ltd. 330 W. Golf Rd				25b. Nelson B. Wold			
25c. Auditor Lake County				25d. 5050			
25e. Nelson B. Wold				25f. July 13, 1987			

FILED

NOV 13 1987

JULY 13 1987

I HEREBY CERTIFY THAT THE FOREGOING IS A TRUE AND CORRECT COPY OF THE DEATH RECORD, FOR THE DECEASED NAMED IN ITEM 1, AND THAT THIS RECORD WAS ESTABLISHED AND FILED IN MY OFFICE IN ACCORDANCE WITH THE PROVISIONS OF THE ILLINOIS VITAL RECORDS ACT.

DATE Sept 29, 1987 SIGNED [Signature] AT MELROSE PARK
 ILLINOIS OFFICIAL TITLE DEPUTY REGISTRAR

The original record of this death is permanently filed with the ILLINOIS DEPARTMENT OF PUBLIC HEALTH at Springfield. County clerks and local registrars are authorized to make certifications from copies of the original record. The Illinois statutes provide that the certification of a death record by the Department of Public Health, local registrar or county clerk shall be prima facie evidence in all courts and places of the facts therein stated.