

STATE FILE NUMBER

STATE OF ILLINOIS

MEDICAL CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. 16.0 REGISTERED NUMBER 974798

DECEASED - NAME FIRST MIDDLE LAST MARY CRYLEN		SEX Female	DATE OF DEATH - (MONTH, DAY, YEAR) February 27, 1988
RACE - (WHITE, BLACK, AMERICAN INDIAN, ETC.) White	ORIGIN OR DESCENT Irish-Italian	AGE - (LAST BIRTHDAY) 64	DATE OF BIRTH - (MO., DAY, YEAR) September 15, 1923
CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER Riverdale	HOSPITAL OR OTHER INSTITUTION - NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 14320 Emerald Ave AT HOME		COUNTY OF DEATH Cook
STATE OF BIRTH - (IF NOT U.S.A.) Illinois	CITIZEN OF WHAT COUNTRY U.S.A.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 10. Married	NAME OF SURVIVING SPOUSE - (MAIDEN NAME IF WIFE) 11. Anthony Crylen
SOCIAL SECURITY NUMBER 356-14-1068	USUAL OCCUPATION 13a. Homemaker	KIND OF BUSINESS OR INDUSTRY 13b. Own Home	13c. No 13d. None
RESIDENCE STREET AND NUMBER 14320 Emerald Ave	CITY, TOWN, TWP. OR ROAD DISTRICT NO. 14b. Riverdale	INSIDE CITY YES / NO 14c. Yes	COUNTY 14d. Cook
FATHER - NAME FIRST MIDDLE LAST Edward Boland		MOTHER - MAIDEN NAME FIRST MIDDLE LAST Mary Rampa	
INFORMANT NAME (TYPE OR PRINT) 17a. Anthony Crylen		RELATIONSHIP 17b. Husband	MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) 17c. 14320 Emerald Ave Riverdale Illinois 60627
PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE PART I RESPIRATORY ARREST		ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)	
DUE TO OR AS A CONSEQUENCE OF: (b) METASTATIC BRAIN CANCER		DUE TO OR AS A CONSEQUENCE OF: (c) PRIMARY BREAST CARCINOMA	
PART II OTHER SIGNIFICANT CONDITIONS, CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a) Dehydration		AUTOPSY YES / NO 19a. No	
DATE OF OPERATION, IF ANY 20a.		MAJOR FINDINGS OR OPERATION 20b.	
I (I/D) (I/D) NOT ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON 21a. February 26, 1988		WAS CORONER OR MEDICAL EXAMINER NOTIFIED? YES / NO 21b. No	HOUR OR DEATH 21c.
TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED. 22a. SIGNATURE John C. Heyer D.O.		DATE SIGNED - (MONTH, DAY, YEAR) 22b. February 27, 1988	
NAME AND ADDRESS OF CERTIFIER 23a. John C. Heyer D.O. 18454 S Halsted St Glenwood Illinois		ILLINOIS LICENSE NUMBER 23d. 036-057121	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER 24a.		NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.	
BURIAL, CREMATION, REMOVAL (SPECIFY) 24b. Burial	CEMETERY OR CREMATORY - NAME 24c. St Mary	LOCATION 24d. Evergreen Park Illinois	DATE (MONTH, DAY, YEAR) 24e. March 1, 1988
FUNERAL HOME NAME 25a. COMMUNITY-OPYT FUNERAL HOME LTD		STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE 25b. 14338 S Indiana Ave Riverdale Illinois 60627	
FUNERAL DIRECTOR'S SIGNATURE 25c. Thomas Opyt		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 25d. 7999	
LOCAL REGISTRAR 26a. KAREN L. SCOTT, M.D. REGISTRAR		DATE RECEIVED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) 26b. February 29, 1988	

I HEREBY CERTIFY THAT the foregoing is true and correct copy of the death record for the decedent named in item 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, marriages and deaths.

DATE

APR 19 1988

SIGNED

60154-511-1 #

At Cook County Department of Public Health

1500 S. Northbrook Parkway

Maywood Illinois

Official Title Deputy Registrar

Unit #4 Copy Room

60154-511-1 #

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