

REGISTRATION DISTRICT NO. 16.10

987292

STATE OF ILLINOIS

STATE FILE NUMBER

MEDICAL CERTIFICATE OF DEATH

602479

DECEASED—NAME FIRST MIDDLE LAST SEX DATE OF DEATH (MONTH, DAY, YEAR)

1. RICHARD

BUTLER

MALE

3. FEBRUARY 4, 1988

RACE—WHITE, BLACK, AMERICAN INDIAN, ETC. (SPECIFY) ORIGIN OF DESCENT AGE—LAST YEAR BIRTH (MONTH, DAY, YEAR) DATE OF BIRTH (MO., DAY, YEAR) COUNTY OF DEATH

4. BLACK

AMERICAN

71

5. MARCH 15, 1916

7a. Cook

CITY, TOWN, TWP. OR ROAD DISTRICT NO. HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT NUMBER, GIVE STREET AND NUMBER) IF HOSP. OR INST. INDICATED DOA OR EMER. RM. INPATIENT

7b. Chicago

7c. MT. SINAI HOSPITAL

7d. DOA

STATE OF BIRTH (IF NOT U.S.A. NAME COUNTRY) CITIZEN OF WHAT COUNTRY MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE)

8. GEORGIA

9. U.S.A.

10. MARRIED

11. MINNIE HARRIS

SOCIAL SECURITY NUMBER OCCUPATION KIND OF BUSINESS OR INDUSTRY WAS DECEASED EVER IN U.S. (ARMED FORCES) (SPECIFY YES OR NO) WAR OR DATES OF SERVICE

12. 253 24 7565

13. RETIRED

13a. SANITATION

13c. NO

13d.

RESIDENCE—STREET AND NUMBER CITY, TOWN, TWP. OR ROAD DISTRICT NO. INSIDE CITY (YES/NO) COUNTY STATE

14. 3728 TYLER

14a. GARY

14c. YES

14d. LAKE

14e. IND.

FATHER—NAME FIRST MIDDLE LAST MOTHER—MAIDEN NAME FIRST MIDDLE LAST

15. RICHARD BUTLER

16. CATHERINE TURNER

INFORMANT, NAME (TYPE OR PRINT) RELATIONSHIP MAILING ADDRESS (STREET AND NO. OR R. F. D., CITY OR TOWN, STATE, ZIP)

17a. MINNIE BUTLER

17b. WIFE

17c. 3728 TYLER GARY IND. 46408

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) RESPIRATORY FAILURE 1 DAY.

(b) BILATERAL BRONCHOPNEUMONIA 3 DAYS

(c) CARCINOMA OF THE LUNGS 10 MONTHS

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

PART II. OTHER SIGNIFICANT CONDITIONS; CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a) AUTOPSY (YES/NO) 19a. NO 19b. IF YES, WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH

DATE OF OPERATION, IF ANY MAJOR FINDINGS OF OPERATION IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? 20a. YES NO

1 (ID) (DO NOT ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON) (MONTH, DAY, YEAR) WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (SPECIFY YES OR NO) 21a. YES 21b. HOUR OF DEATH 21c. 4:16A.M.

21. 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 Susana M. O'Donnell MD 22b. 2/5/88

NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) ILLINOIS LICENSE NUMBER

22c. SUSAN O'DONNELL, 1900, W. POLK, CHICAGO 60612 22d. 036-059 313

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.

23. BURIAL, CREMATION, REMOVAL (SPECIFY) CEMETERY OR CREMATORY—NAME LOCATION CITY OR TOWN STATE DATE (MONTH, DAY, YEAR)

24a. BURIAL 24b. RESTVALE 24c. WORTH, ILL. 24d. 2/11/88

FUNERAL HOME NAME STREET AND NUMBER OR R. F. D. CITY OR TOWN STATE ZIP

25a. ANGELUS MEMORIAL CHAPEL 8243 S. ASHLAND AVE. CHICAGO, ILL. 60620

FUNERAL DIRECTOR'S SIGNATURE FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER

25b. [Signature] 25c. 6581

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

26. [Signature] 26b. FEB 5 1988

REV 200 REV. 5/82 Illinois Department of Public Health - Office of Vital Records (BASED ON 1978 U.S. STANDARD CERTIFICATE)

February 5, 1988.

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 46-395-17
RED ORN ADD
S 6 1/4 FT LOT 14 B L 3
ALL LOT 16 B L 3STATE OF ILLINOIS
LAKE COUNTY
FILED
JUL 18 9 51 AM '88
RECORDED
CROWN POINT, INDIANA 46307
JULIAN A. BLASTICK
RECORDER, LAKE COUNTYTHIS CERTIFIED COPY VALID
WHEN BOTH COLOR SEAL AND
BLUE SIGNATURE ARE AFFIXED

JUL 18 1988

Ann N. Anton
AUDITOR LAKE COUNTY

DEPARTMENT OF HEALTH CITY OF CHICAGO