

092672

Altha Flatter
3505 Wicker Ave
Highland 46322
STATE FILE NUMBER

DECEDENT'S BIRTH NO.

REGISTRATION DISTRICT NO **16.92**
REGISTERED NUMBER **1824**

STATE OF ILLINOIS

MEDICAL CERTIFICATE OF DEATH

Type or Print in PERMANENT INK See Funeral Director, Hospital, or Physician's Handbook for INSTRUCTIONS

DECEASED NAME FIRST MIDDLE LAST SEX DATE OF DEATH
1. Lowell E. "GENE" Flatter 2. Male 3. December 02, 1989
COUNTY OF DEATH **4. COOK** AGE-LAST BIRTHDAY (M/D/Y) UNDER 1 YEAR UNDER 1 DAY DATE OF BIRTH (MONTH DAY, YEAR)
5a. 5a73 5b. 5b 5c. 5d. July 08, 1916
CITY, TOWN, OR ROAD DISTRICT NUMBER HOSPITAL OR OTHER INSTITUTION NAME IF NOT IN 5b GIVE STREET ADDRESS
6a. 6b. VETERANS ADM. HINES, IL 60141
BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (S/P/C/W) NAME OF SURVIVING SPOUSE (MARRIAGE NAME, IF WIFE)
7. Greenville, OH 8. Married 8b. Altha Huff
SOCIAL SECURITY NUMBER USUAL OCCUPATION KIND OF BUSINESS OR INDUSTRY EDUCATION (S/P/C/W) (S/P/C/W) (S/P/C/W) (S/P/C/W)
10. 300-05-2582 11a. Truck Driver 11b. Trucking 12. 12
RESIDENCE (STREET AND NUMBER) CITY, TOWN, OR ROAD DISTRICT NO. INSIDE CITY (YES/NO) COUNTY
13a. 3505 Wicker Avenue 13b. Highland 13c. Yes 13d. Lake
STATE ZIP CODE RACE (WHITE, BLACK, AMERICAN INDIAN) OF HISPANIC ORIGIN? (S/P/C/W) (YES/NO) (S/P/C/W) (YES/NO) (S/P/C/W) (YES/NO) (S/P/C/W) (YES/NO)
13e. Indiana 13f. 46322 14a. White 14b. None 14c. Yes 14d. No

A DECEASED

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D
E

PARENTS

FATHER'S NAME FIRST MIDDLE LAST MOTHER'S NAME FIRST MIDDLE LAST
15. John Flatter 16. Bessie Harter

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INFORMANT'S NAME (TYPE OR PRINT) RELATIONSHIP MAILING ADDRESS (CITY, TOWN, OR ROAD DISTRICT NO., COUNTY, STATE, ZIP)
17a. Diane Dickerson 17b. Hospital 17c. VETERANS ADM. HINES, IL 60141

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18. PART I. Immediate Cause (Final disease or condition resulting in death)
(a) Electrical Mechanical Disassociation
DUE TO, OR AS A CONSEQUENCE OF
(b) [Blank]
DUE TO, OR AS A CONSEQUENCE OF
(c) [Blank]
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I
DATE OF OPERATION, IF ANY MAJOR FINDINGS OF OPERATION
20a. [Blank] 20b. [Blank]
AUTOPSY (YES/NO) (S/P/C/W) (YES/NO) (S/P/C/W) (YES/NO) (S/P/C/W)
21a. No 21b. No 21c. 5:57P. M.
DATE SIGNED (MONTH DAY YEAR)
22a. December 03, 1989
LICENSE NUMBER (S/P/C/W) (YES/NO) (S/P/C/W) (YES/NO) (S/P/C/W) (YES/NO) (S/P/C/W) (YES/NO)
22b. 036 0774 98
NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.

CAUSE

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19. (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) (11) (12) (13) (14) (15) (16) (17) (18) (19) (20) (21) (22) (23) (24) (25) (26) (27) (28) (29) (30) (31) (32) (33) (34) (35) (36) (37) (38) (39) (40) (41) (42) (43) (44) (45) (46) (47) (48) (49) (50) (51) (52) (53) (54) (55) (56) (57) (58) (59) (60) (61) (62) (63) (64) (65) (66) (67) (68) (69) (70) (71) (72) (73) (74) (75) (76) (77) (78) (79) (80) (81) (82) (83) (84) (85) (86) (87) (88) (89) (90) (91) (92) (93) (94) (95) (96) (97) (98) (99) (100)
21. December 02, 1989
TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE, AND PLACE AND DUE TO THE CAUSE(S) STATED
22. [Signature]
NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)
VETERANS ADM. HINES, IL 60141
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)
23. [Blank]

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BURIAL, CREMATION, REMOVAL (SPECIFY): CEMETERY OR CREMATORY-NAME LOCATION CITY OR TOWN STATE DATE (MONTH DAY YEAR)
24a. Burial 24b. Owensboro Memorial Gardens 24c. Owensboro, Kentucky 24d. Dec 7, 1989
FUNERAL HOME NAME STREET AND NUMBER OR P.O. CITY OR TOWN STATE ZIP
25a. Blake-Lamb Funeral Home, 4727 W 103rd St, Oak Lawn, IL 60453
FUNERAL DIRECTOR'S SIGNATURE FUNERAL DIRECTOR'S LICENSE NUMBER
25b. [Signature] 25c. 8633
LOCAL REGISTRAR'S SIGNATURE DATE (MONTH DAY YEAR)
26a. [Signature] 26b. December 4, 1989

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I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent named at 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.
DATE **DEC 4 1989** SIGNED **[Signature]**
AT **BROADVIEW, IL 60153**, Illinois. OFFICIAL TITLE **LOCAL REGISTRAR OF VITAL STATISTICS**