

NYATT LEGAL Services 1165 E Ridge Rd. Skiff
STATE FILE NUMBER 46319

REGISTRATION DISTRICT NO. 16.10		STATE OF ILLINOIS		STATE FILE NUMBER 622360	
REGISTERED NUMBER 0054014		MEDICAL CERTIFICATE OF DEATH			
DECEASED—NAME (FIRST, MIDDLE, LAST) GEORGE DAVIS		SEX 2. MALE	DATE OF DEATH (MONTH, DAY, YEAR) 3. NOVEMBER 4, 1988		
RACE—WHITE OR BLACK OR OTHER (SPECIFY) BLACK WHITE		COLOR OF HAIR—(SPECIFY) 68	DATE OF BIRTH (MO., DAY, YEAR) 6. FEB. 7, 1920	COUNTY OF DEATH 7a. Cook	
CITY, TOWN, VWP. OR ROAD DISTRICT NUMBER Chicago		HOSPITAL OR OTHER INSTITUTION—NAME, ST., NO., CITY, STATE, ZIP CODE JACKSON PARK HOSPITAL		IF DEPT. OR INST. INDICATED BY PREFIX, ADM. INPATIENT 7b. D.O.A.	
STATE OF BIRTH (IF NOT U.S.A.) 8. INDIANA	CITIZEN OF WHAT COUNTRY 9. U.S.A.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 11. MARRIED	NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) 11. NORMA RANSBERG RONSBERG		
SOCIAL SECURITY NUMBER 12. 305-20-0111	USUAL OCCUPATION 12b. DOCTOR	KIND OF BUSINESS OR INDUSTRY 12b. SELF EMPLOYED	WAS DECEASED EVER IN U.S. ARMED FORCES? (SPECIFY YES OR NO) 13a. YES	WAR OR DATES OF SERVICE 13b. WWII	
RESIDENCE STREET AND NUMBER 14a. 7117 S. ELLIS		CITY, TOWN, TWP. OR ROAD DISTRICT NO. 14b. CHICAGO	INSIDE CITY (YES OR NO) 14c. YES	COUNTY 14d. COOK	STATE 14e. ILLINOIS
FATHER—NAME (FIRST, MIDDLE, LAST) 15. JAMES ARTHUR DAVIS		MOTHER—MAIDEN NAME (FIRST, MIDDLE, LAST) 15. THE ICEBERGS OF HALL			
INFORMANT NAME (TYPE OR PRINT) 17a. NORMA DAVIS		RELATIONSHIP 17b. WIFE	MAILING ADDRESS (STREET AND NO. OR R. F. D., CITY OR TOWN, STATE, ZIP) 17c. 7117 S ELLIS CHICAGO ILLINOIS		
18. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))					
PART I. IMMEDIATE CAUSE					
(a) <i>He had been treated for coronary artery disease and congestive heart failure.</i>					
(b) <i>congestive heart failure</i>					
(c) <i>congestive heart failure</i>					
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)					
DATE OF OPERATION, IF ANY 20a.		MAJOR FINDINGS OF OPERATION 20b.		AUTOPSY (YES/NO) 19a. No	IF YES, WERE FINDINGS CONTRIBUTING TO DEATH? (MONTH, DAY, YEAR) 19b.
IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? 20c. YES <input type="checkbox"/> NO <input type="checkbox"/>		WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (SPECIFY YES OR NO) 21a. YES		HOUR OF DEATH 21c. 5:55 A. M.	
TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED. 21b.		DATE SIGNED (MO., DAY, YEAR) 22b. 11/7/88		ILLINOIS LICENSE NUMBER 22c. AN 5240377	
SIGNATURE 22a. <i>Wm. H. ...</i>		NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) 22a. 25th E. Superior - Chicago, IL 60611			
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) 22c.		NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.			
BURIAL, CREMATION, REMOVAL (SPECIFY) 24a. BURIAL		CEMETERY OR CREMATORY—NAME 24b. OAK HILL		LOCATION 24c. HAMMOND	CITY OR TOWN 24d. CHICAGO
FUNERAL HOME 25a. A.A. RAYNER & SONS		STREET AND NUMBER OR R. F. D. 25b. 318 E. 71st STREET		CITY OR TOWN 25c. CHICAGO	STATE 25d. ILLINOIS
FUNERAL DIRECTOR'S SIGNATURE 25b. <i>...</i>		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 25c. 8989		DATE REC'D. BY LOCAL REGISTRAR (MONTH, DAY, YEAR) 26b. NOV 8 1988	
LOCAL REGISTRAR'S SIGNATURE 26a. <i>Lannie C. Edwards, M.D. M.P.A.</i>		DATE REC'D. BY LOCAL REGISTRAR (MONTH, DAY, YEAR) 26b. NOV 8 1988			

Nov. 8, 1988
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.



APR 23 9 11 AM '88
ROBERT AL. RECORDER
#36-91-38
South Blvd #38 Bl 1
APR 20 1990
Lannie C. Edwards
ADDITIONAL LOCAL COUNTY REGISTRAR

THIS CERTIFIED COPY IS VALID WHEN MULTICOLOR SEAL AND BLUE SIGNATURE ARE AFFIXED

DEPARTMENT OF HEALTH - CITY OF CHICAGO
FILED TAKE COUNTY