

91008599

REGISTRATION DISTRICT NO. 1634
REGISTERED NUMBER

STATE OF ILLINOIS

MU Brown
5910 B. *Blackstone Ave*
NUMBER

MEDICAL CERTIFICATE OF DEATH

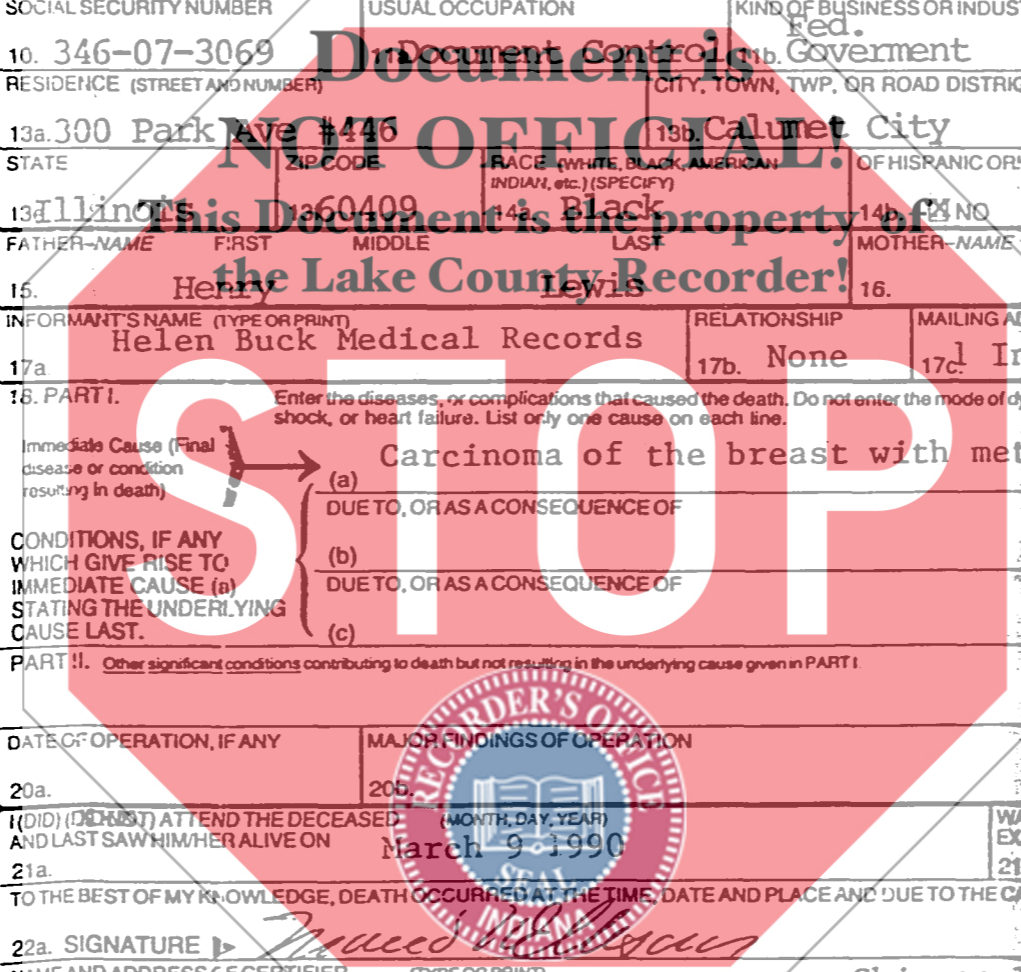
Chgo IL 60619

DECEASED-NAME FIRST MIDDLE LAST Christine Lewis Smith			SEX Female	DATE OF DEATH (MONTH, DAY, YEAR) 3 March 9, 1990
COUNTY OF DEATH 4. Cook	AGE-LAST BIRTHDAY (YRS) 5a. 74	UNDER 1 YEAR 5b. 74	UNDER 1 DAY 5c. 74	DATE OF BIRTH (MONTH, DAY, YEAR) 5d. July 28, 1915
CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER 6a. Harvey		HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 6b. Ingalls Memorial Hospital		IF HOSP. OR INST. INDICATE D.O.A. OP/EMER. RM. INPATIENT (SPECIFY) 6c. Inpatient
BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) 7. Mississippi	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 8a. Married	NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) 8b. Shellie L. Smith		WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO) 9. NO
SOCIAL SECURITY NUMBER 10. 346-07-3069	USUAL OCCUPATION 11. Document Control Govt	KIND OF BUSINESS OR INDUSTRY 11b. Fed. Government	EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) Elementary/Secondary (0-12) 12. 1 College (1-4 or 5+) 1	
RESIDENCE (STREET AND NUMBER) 13a. 300 Park Ave #446		CITY, TOWN, TWP, OR ROAD DISTRICT (NO.) 13b. Calumet City		INSIDE CITY (YES/NO) 13c. Yes
STATE 13d. Illinois	ZIP CODE 13e. 60409	RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) 14a. Black	OF HISPANIC ORIGIN? (SPECIFY NO OR YES-IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.) 14b. NO	14c. YES SPECIFY:
FATHER-NAME FIRST MIDDLE LAST 15. Henry Lewis		MOTHER-NAME FIRST MIDDLE (MAIDEN) LAST 16. Lovie N. Moore		
INFORMANT'S NAME (TYPE OR PRINT) 17a. Helen Buck Medical Records		RELATIONSHIP 17b. None	MAILING ADDRESS (STREET AND NO OR R.F.D., CITY OR TOWN, STATE, ZIP) 17c. Ingalls Drive Harvey Illinois 60426	
18. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of death, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Carcinoma of the breast with metastases				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH Unknown
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. (a) DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c)				
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.				AUTOPSY (YES/NO) 19a. NO
DATE OF OPERATION, IF ANY 20a.		MAJOR FINDINGS OF OPERATION 20b.		IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? 20c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
(DID) (DO NOT) ATTEND THE DECEASED (MONTH, DAY, YEAR) AND LAST SAW HIM/HER ALIVE ON 21a. March 9, 1990			WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) 21b. No	HOUR OF DEATH 21c. 5:45P M.
TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.				DATE SIGNED (MONTH, DAY, YEAR) 22b. March 14, 1990
22a. SIGNATURE Maceo Ellison NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) Maceo Ellison, M.D. 8300 Cottage Grove Chicago Illinois 60619			ILLINOIS LICENSE NUMBER 22d. 36-31394	
22c. 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.
BURIAL CREMATION, REMOVAL (SPECIFY) 24a. Burial	CEMETERY OR CREMATORY-NAME 24b. OAKLAND MEM. LANES	LOCATION 24c. Dolton	CITY/TOWN Illinois	STATE Ill
FUNERAL HOME 25a. Brookins Funeral Home	NAME 9315 S. Ashland	STREET AND NUMBER OR R.F.D. Chicago	CITY OR TOWN Ill	STATE 60620
FUNERAL DIRECTOR'S SIGNATURE Samuel L. Lewis			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 25c. 31-7990	
LOCAL REGISTRAR'S SIGNATURE [Signature]			DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) 26b. March 13, 1990	

I HEREBY CERTIFY THAT the foregoing is true and correct copy of the DEATH record for the person named therein 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.

DATED **MAR 13 1990** SIGNED **[Signature]** LOCAL REGISTRAR
AT HARVEY, ILLINOIS.

The original of this record is permanently filed with the Illinois Dept. of Public Health in Springfield, Illinois, County Clerks and Local Registrars are authorized to make certifications from copies of the original record. The Illinois Statutes further provided that certification of a DEATH record by the Dept. of Public Health of the Local Registrar of the County Clerk shall be prima facts evidence in all courts and places of the facts therein stated.



STATE OF ILL. AM 15, 1990

600