

DECEDENT'S BIRTH NO.

91022483

REGISTRATION DISTRICT NO. 49.7B
REGISTERED NUMBER 230

STATE OF ILLINOIS

Mary Pearce
STATE FILE NUMBER
Key # 26-173-12; unit # 15
Plat of Redv. of Bl. 67 Jansen's Oak Grove Add E 1/2 L. 8 Bl. 7

MEDICAL CERTIFICATE OF DEATH

Type or Print in PERMANENT INK See Funeral Directors, Hospital, or Physicians Handbook for INSTRUCTIONS

DECEASED-NAME FIRST MIDDLE LAST SEX DATE OF DEATH (MONTH, DAY, YEAR)
1. Joseph Theodore Pearce 2. Male 3. April 6, 1991

COUNTY OF DEATH AGE-LAST BIRTHDAY (YRS) UNDER 1 YEAR UNDER 1 DAY DATE OF BIRTH (MONTH, DAY, YEAR)
4. Lake 5a. 74 5b. 5c. 5d. May 29, 1916

CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) IF HOSP. OR INST. INDICATE D.O.A. OP. EMER. RM. INPATIENT (SPECIFY)
6a. North Chicago 6b. Veterans Affairs Medical Center 6c. inpatient

BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO)
7. Pennsylvania 8a. Married 8b. Mary Alice Spurlock 9. yes

SOCIAL SECURITY NUMBER USUAL OCCUPATION KIND OF BUSINESS OR INDUSTRY EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED)
10. 211 05 7297 11a. Iron Worker 11b. Local #1 12. 12

RESIDENCE (STREET AND NUMBER) CITY, TOWN, TWP, OR ROAD DISTRICT NO. INSIDE CITY (YES/NO) COUNTY
13a. 406 Church St. 13b. Crown Point 13c. yes 13d. Lake

STATE ZIP CODE RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) OF HISPANIC ORIGIN? (SPECIFY NO OR YES-IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.)
13e. Indiana 13f. 46307 14a. white 14b. NO YES SPECIFY:

FATHER-NAME FIRST MIDDLE LAST MOTHER-NAME FIRST MIDDLE (MAIDEN) LAST
15. John Pearce 16. Mary Gehaur

INFORMANT'S NAME (TYPE OR PRINT) RELATIONSHIP MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP)
17a. Pat Sykes 17b. records 17c. 3001 North Greenbay Road North Chicago, Illinois 60064

18. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.

Immediate Cause (Final disease or condition resulting in death) (a) Aspiration Pneumonia DUE TO, OR AS A CONSEQUENCE OF (b) Advanced Alzheimers Disease 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. Osteomyelitis right hip-Decubitus Ulcer

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

1 (DID YOU NOT) ATTEND THE DECEASED (MONTH, DAY, YEAR) AND LAST SAW HIM/HER ALIVE ON WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) HOUR OF DEATH
21a. April 6, 1991 21b. No 21c. 6:18 AM 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)
22a. SIGNATURE Axel Feller 22b. April 8, 1991

NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) ILLINOIS LICENSE NUMBER
22c. Axel Feller, M.D., VAMC, North Chicago, Illinois 60064 22d. 036-071112

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) CEMETERY OR CREMATORY-NAME LOCATION CITY OR TOWN STATE DATE (MONTH, DAY, YEAR)
24a. Burial 24b. Chapel Lawn Memorial Gardens 24c. Schererville Indiana 24d. April 12, 1991

FUNERAL HOME NAME STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE ZIP
25a. Bowers Funeral Service 4330 S. California Av Chicago Illinois 60632

FUNERAL DIRECTOR'S SIGNATURE FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER
25b. Agent For: Burns Funeral Home 25c. 9158

LOCAL REGISTRAR'S SIGNATURE DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)
26a. BARBARA DOUGLAS 26b. 4-8-91

VR200 (Rev. 5/89)

Illinois Department of Public Health—Division of Vital Records

(BASED ON 1989 U.S. STANDARD CERTIFICATE)

LOCAL REGISTRAR

VS & R 200--BUREAU OF STATISTICS--ILLINOIS DEPARTMENT OF PUBLIC HEALTH--SPRINGFIELD

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent named at item 3 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.

FILED

DATE 4-8-91 SIGNER Tom Miller OFFICIAL TITLE Sub-Registrar
AT North Chicago, Illinois

The original record of this death is permanently filed with the ILLINOIS DEPARTMENT OF PUBLIC HEALTH at Springfield. County clerks and local registrars are authorized to make certifications from copies of the original Illinois death certificate. A certification of a death record by the Department of Public Health or the local registrar or the county clerk shall be prima facie evidence in all courts of the facts therein stated.

VS&R 201.1 DEPARTMENT OF PUBLIC HEALTH--Bureau of Statistics Printed by the Authority of the State of Illinois

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