

REGISTRATION DISTRICT NO. 16.10
REGISTERED NUMBER

91041914

STATE OF ILLINOIS

STATE FILE NUMBER

620932

MEDICAL CERTIFICATE OF DEATH

November 1, 1983

STATE OF ILLINOIS
COUNTY OF COOK SS
CITY OF CHICAGO

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

1. Hywell Fulkerson 2. Male 3. October 15, 1983

RACE (WHITE, BLACK, AMERICAN INDIAN, ETC. (SPECIFY)) ORIGIN OR DESCENT (e.g., LAST NAME) SEX (M, F) DATE OF BIRTH (MO., DAY, YEAR) COUNTY OF DEATH

4. White American 36 9-14-1947 7a. Cook

CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER HOSPITAL OR OTHER INSTITUTION (NAME AND FULL ADDRESS) IF HOSP. OR INST. INDICATE DOA (P, E, I, N, I, M, I, N, P, A, T, I, E, N, T)

7b. Chicago 7c. Northwestern Memorial Hospital 7d. Inpatient

AGE OF DECEASED (MONTHS, YEARS) CITIZEN OF WHAT COUNTRY MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)

8. Kentucky 9. U.S.A. 10. Married 11. Rhonda Reed

SOCIAL SECURITY NUMBER USUAL OCCUPATION KIND OF BUSINESS OR INDUSTRY WAS DECEASED EVER IN U.S. WAR OR DATES OF SERVICE

12. 34444-7499 13. Welder 14. Hockett Eng. 15. No 16. No

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

17. 7960 Belmont 18. Hammond 19. Yes 20. Lake 21. Indiana

FATHER-NAME FIRST MIDDLE LAST MOTHER-MAIDEN NAME FIRST MIDDLE LAST

13. John Fulkerson 14. Doretta Singleton

INFORMANT NAME (TYPE OR PRINT) RELATIONSHIP (MARRIAGE, BLOOD, etc.) ADDRESS (CITY, TOWN, TWP. OR ROAD DISTRICT NO., STATE, ZIP)

17. James W. Henri 17b. Medical Records 17c. 303 E. Superior, Chicago, Illinois

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 Week

(b) Adenocarcinoma 4 Weeks

CONDITIONS, IF ANY, WHICH GIVE RISE TO IMMEDIATE CAUSE (c) 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) IF YES, WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH

20a. 20b. 20c. YES NO 19b. YES NO

DATE OF OPERATION, IF ANY MAJOR FINDINGS OF OPERATION

20c. 20d. 20e. YES NO

I (DI) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON (MONTH, DAY, YEAR) WAS CORONER OR MEDICAL EXAMINER NOV. 1, 1979 (SPECIFY YES OR NO) HOUR OF DEATH

21a. I last attended the decease on 9-14-83 21b. No 21c. 4:15 A.

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, YEAR)

22a. SIGNATURE (TYPE OR PRINT) 22b. October 15, 1983

22c. Barabra Emery M.D. 250 E. Superior, Chicago, Illinois 60611 22d. ILLINOIS LICENSE NUMBER

23. Leo Gordon M.D. 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 24c. Schererville, Indiana 24d. 10-18-83

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

25a. MRAZEK & RUSS FUNERAL SERVICE 1706 W. JACKSON BLVD. CHICAGO, ILL 60612

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

25b. 25c. 5029

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

26a. Henry Stanton ACTING LOCAL REGISTRAR 26b. OCT 16 1983

VR 200 - REV. 5/80 Illinois Department of Public Health - Office of Vital Records (BASED ON 1978 U.S. STANDARD CERTIFICATE)



I, HENRY STANTON, ACTING 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.

FILED
AUG 16 1991

Robert N. Stanton
ACTING LOCAL REGISTRAR

STATE OF ILLINOIS
LAKE COUNTY
FILED FOR RECORD
OCT 19 9 16 AM 1991
ROBERT (BOB) STANTON
RECORDS

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

R Bocken
7960 Belmont
Hm Jm X6324
600

Deborah W. Health Unit of Cook County #32-190-9
Curley 4th Add. #29