

REGISTRATION DISTRICT NO. 16:10

STATE OF ILLINOIS

STATE FILE NUMBER 622807

REGISTERED NUMBER

MEDICAL CERTIFICATE OF DEATH

NOV 29 1989

DECEASED-NAME FIRST MIDDLE LAST SEX DATE OF DEATH (MONTH, DAY, YEAR)
1. ROBERT WILLIS 2. MALE 3. NOVEMBER 25, 1989

COUNTY OF DEATH AGE-LAST BIRTHDAY (YRS) UNDER 1 YEAR UNDER 1 DAY DATE OF BIRTH (MONTH, DAY, YEAR)
4. COOK 91053357 5a. 69 5b. 5c. 5d. MARCH 8, 1920

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 DOA, OP EMER, RM, INPATIENT (SPECIFY)
6a. CHICAGO 6b. VA WEST SIDE 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. Forest City, AR 8a. WIDOWED 8b. NONE 9. YES

SOCIAL SECURITY NUMBER USUAL OCCUPATION KIND OF BUSINESS OR INDUSTRY EDUCATION (SPECIFY OR HIGHEST GRADE COMPLETED)
10. 432-26-5426 11a. LABORER 11b. GENERAL 12. Elementary Secondary (0-12) College (13-16)

RESIDENCE (STREET AND NUMBER) CITY, TOWN, OR ROAD DISTRICT NO. INSIDE CITY COUNTY
13a. 2936 W. 13TH AVENUE 13b. GARY 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. 46404 14a. BLACK 14b. YES 14c. YES

FATHER-NAME FIRST MIDDLE LAST MOTHER-NAME FIRST MIDDLE LAST
15. MORRIS WILLIS 16. ANNIE BELLI

INFORMANT'S NAME (IF NOT DECEASED) RELATIONSHIP MAILING ADDRESS (STREET AND NO OR R.F.D., CITY OR TOWN, STATE, ZIP)
17a. RIMVYDAS F. MILIAUSKAS 17b. HOSPITAL RECORDS 17c. 820 S. DAMEN AVE., CHICAGO, IL 60612

PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter a mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. APPROPRIATE INITIALS OF THE LICENSEE AT DEATH
Immediate Cause (Final disease or condition resulting in death) (a) SEPSIS DUE TO, OR AS A CONSEQUENCE OF
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. (b) STATUS POST MULTIPLE CEREBRAL VASCULAR ACCIDENTS 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) WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO)
19a. NO 19b. NO

DATE OF OPERATION, IF ANY MAJOR FINDINGS OF OPERATION
20a. 20b.

IF (DID) (DID 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. NOVEMBER 25, 1989 21b. NO 21c. 11:45A.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 Cheryll Hoffman 22b. NOVEMBER 25, 1989

NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) ILLINOIS LICENSE NUMBER
22c. CHERYL HOFFMAN, M.D. 820 S. DAMEN AVE., CHICAGO, IL. 60612 22d. PERMIT

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.
23.

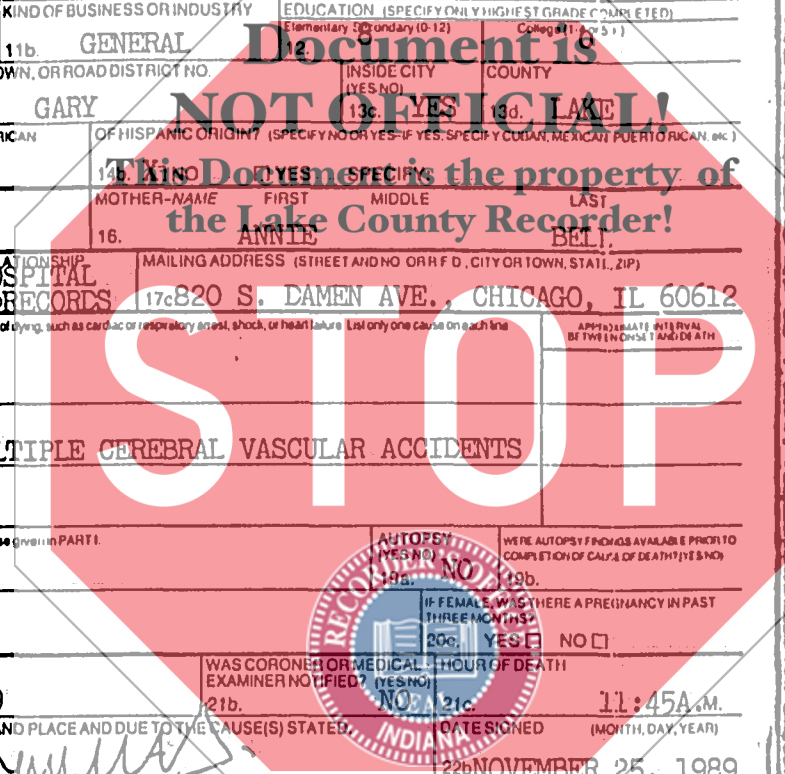
BURIAL, CREMATION, REMOVAL (SPECIFY) CEMETERY OR CREMATORY-NAME LOCATION CITY OR TOWN STATE DATE (MONTH, DAY, YEAR)
24a. Burial 24b. Evergreen 24c. Hobart, Indiana 24d. 11/30/89

FUNERAL HOME NAME STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE ZIP
25a. Barker's Mortuary Inc. 9900 South Throop Street Chicago, Illinois 60643

FUNERAL DIRECTOR'S SIGNATURE FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER
25b. [Signature] 25c. 5496

LOCAL REGISTRAR'S SIGNATURE DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)
26a. James W. Masterson M.P.H. 26b. NOV 29 1989

VR200 (Rev. 1/89) Illinois Department of Public Health - Office of Vital Records (BASED ON 1989 U.S. STANDARD CERTIFICATE)



STATE OF ILLINOIS COUNTY OF COOK SS CITY OF CHICAGO

I, JAMES W. MASTERSON, M.P.H., 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.

Key # 45-144-14

FILED

OCT 22 1991

Case N. Antonio Auditor Lake County

OCT 22 10 37 AM '91

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

Mary C Johnson 2936 W 13th Ave 46404

DEPARTMENT OF HEALTH - CITY OF CHICAGO