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ORIGINAL

STATE OF ILLINOIS

Shelia J. Mass  
700 W. Ridge Rd.

63-612-1392  
SIXE FILE NUMBER

1961 revision based on the U. S. Standard Certificate of Death.  
VS & R 200—BUREAU OF STATISTICS—ILLINOIS DEPARTMENT OF PUBLIC HEALTH

DECEDENT'S BIRTH NO.		MEDICAL CERTIFICATE OF DEATH		REGISTRATION DISTRICT NO.	REGISTERED NUMBER 628
1. PLACE OF DEATH a. STATE ILLINOIS b. COUNTY COOK		2. USUAL RESIDENCE (Where deceased lived, if institution, residence before admission) a. STATE INDIANA b. COUNTY Lake		c. <input checked="" type="checkbox"/> INSIDE corporate limits and in City, Village, or Incorporated Town c. <input checked="" type="checkbox"/> INSIDE corporate limits and in City, Village, or Incorporated Town Gary	
d. <input checked="" type="checkbox"/> OUTSIDE corporate limits and in Township name... PROVISSO Road-District No. ....		e. LENGTH OF STAY IN STATE 0-1-29		f. LENGTH OF RESIDENCE AT 2c or 2d 8 years	
3. NAME OF HOSPITAL OR INSTITUTION VETERANS ADM HINES-ILL		g. LENGTH OF STAY IN STATE 0-1-29		i. RESIDENCE ADDRESS (Street & No. or R.F.D. and Post Office) 4272 West 21st Street	
h. If not in hospital or institution, give Street & No. or R.F.D. and Post Office		j. Did decedent reside ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
3. NAME OF DECEASED a. (FIRST) ALAN b. (MIDDLE) RUCKER c. (LAST) RUCKER		4. DATE OF DEATH (MONTH) (DAY) (YEAR) 6 1 63			
5. SEX Male	6. RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 6-8-13	9. AGE (in years last birthday) 49	10. Citizen of what country? U.S.A.
11. FATHER'S FULL NAME Dillard Rucker		12. MOTHER'S FULL MAIDEN NAME Rison, Arkansas		13. Deceased	
15. Was deceased ever in U. S. Armed Forces? (Yes, no, or unknown) (Give war or dates) Yes World War Two		16. SOCIAL SECURITY NUMBER 429 24 1284		17. INFORMANT Peter A. Jennings Peter A. Jennings, Chief, Reg. Div.	
18. MEDICAL CAUSE OF DEATH PART I. DEATH WAS CAUSED BY. (Enter only one cause per line for (A), (B) and (C).) IMMEDIATE CAUSE (A) Uremia Conditions, if any, which gave rise to the above IMMEDIATE CAUSE (A), stating the UNDERLYING cause last. due to (B) Chronic pyelonephritis due to (C)		JAN 14 1992		INTERVAL BETWEEN ONSET AND DEATH unknown	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL CONDITION GIVEN IN PART I(A).		AUDITOR LAKE COUNTY JAN 16 1963		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
19a. DATE OF OPERATION, IF ANY. None		19b. MAJOR FINDINGS OF OPERATION			
NOTE: If an injury was involved in this death, the Coroner must be notified.					
21. I hereby certify that I attended the deceased from April 2, 1963 to June 1, 1963, that I last saw the deceased alive on June 1, 1963, and death occurred at 8:00 P.M., from the causes and on the date stated above.					
Signature B. Grabinski B. GRABINSKI, M.D.		M.D. Number 36-32431		Date 6-2-63	
Address HINES ILL F13 7200		Phone			
22. DISPOSITION: BURIAL, REMOVAL, CREMATION Date 6-5-63 CEMETERY Oak Hill Cemetery LOCATION Gary Lake Indiana		23. FUNERAL DIRECTOR SIGNATURE ADDRESS 1960 West 15th Ave Gary, Indiana Number 622			
24. Received for filing on JUN 3 1963		(Signed) Fred J. Rose FOREST PARK ILL LOCAL REGISTRAR			



I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the record as made from the original certificate for the person named therein and that this certificate was established and filed with the Department of Public Health in accordance with the statutes of Illinois.

SPRINGFIELD

DEC 06 1991

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THIS IS NOT A VALID CERTIFIED COPY WITHOUT THE EMBOSSED SEAL AND SIGNATURE OF THE STATE REGISTRAR