

Key # 14-162-20
 Parkway Invoice and add to Regs of 74
 TXS: Shina

CERTIFICATE		DISTRICT NO. 16.32		MEDICAL EXAMINER'S - CORONER'S			
TEMPORARY CERTIFICATE		REGISTERED NUMBER 99		CERTIFICATE OF DEATH			
		343 FEB 89 92004779					
1. or Print in Permanent Ink Coroners and Medical Directors should use this book for CERTIFICATIONS		DECEASED - NAME FIRST MIDDLE LAST 1 DONALD R. COWSER		SEX 2 MALE	DATE OF DEATH (MONTH DAY YEAR) 3 FEBRUARY 15, 1989		
4 Cook		AGE - LAST BIRTHDAY (MM/DD/YY) 5a 44	UNDER 1 YEAR (DAYS) 5b	UNDER 1 YEAR (YEARS) 5c	DATE OF BIRTH (MONTH DAY YEAR) 5d Nov. 13, 1944		
6. Chicago Heights		HOSPITAL OR OTHER INSTITUTION - NAME (IF NOT IN EITHER GIVE STREET AND NUMBER) 6b. Saint James			IF DECEASED OR INST. INDICATE DOA OR OTHER HM. INDICATE HT. (SPECIFY) 6c. DOA		
7 Chicago, Illinois		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 8a. Married	NAME OF SURVIVING SPOUSE (MAIDEN NAME IF WIFE) 8b. Sharon		WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO) 9. Yes		
10 333-38-9355		USUAL OCCUPATION 11. Concrete Finisher	KIND OF BUSINESS OR INDUSTRY 12. Construction		EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) Elementary Secondary (10-12) _____ College (14 or 15) _____		
13a 2733 Wind Pt. Ct.		CITY, TOWN, OR ROAD DISTRICT NO 13b. Lynwood		INSIDE CITY (YES/NO) 13c. Yes	COUNTY 13d. Cook		
13b Illinois		ZIP CODE 13c. 60411	RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) 14a. White		OF HISPANIC ORIGIN? (SPECIFY NO OR YES. IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.) 14b. <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES SPECIFY: _____		
15. John A Cowser		FATHER - NAME FIRST MIDDLE LAST		MOTHER - NAME FIRST MIDDLE LAST 16. Thelma George			
17a Sharon Cowser		INFORMANT'S NAME (TYPE OR PRINT)		RELATIONSHIP 17b. Wife	MAILING ADDRESS (STREET AND NO OR R.F.D., CITY OR TOWN, STATE, ZIP) 17c. 2733 Wind Pt. Ct. Lynwood, IL 60411		
18. PART I. Enter the disease, injury, or complication that caused the death, beginning with the cause of death, and continuing to the underlying cause of death. List only one cause on each line.		Immediate Cause (Final disease or condition resulting in death) (a) SHOT GUN WOUND OF HEAD		DUE TO, OR AS A CONSEQUENCE OF		CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. (b) THIS DOCUMENT IS THE PROPERTY OF THE LAKE COUNTY RECORDER! (c) <i>Donal R. Cowser</i>	
PART II. Other significant conditions contributing to death but not resulting in death.		AUDITOR LAKE COUNTY		AUTOPSY (YES/NO) 19a. HEAD		WAS AUTOPSY PERFORMED AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH (YES/NO) 19b. YES	
20a. SUICIDE		DATE OF INJURY (MONTH DAY YEAR) 20b. FEBRUARY 15, 1989	HOUR 20c. 2:55 P.M.	HOW INJURY OCCURRED. (ENTER NATURE OF INJURY MENTIONED IN PART I OR PART II, ITEM 18) 20d. FOUND SHOTS			
20e. NO		PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.) (SPECIFY) 20f. HOME	LOCATION (CITY, VIL OR TOWN, OR TWP., OR RD DIST NO., COUNTY, STATE) 20g. LYNWOOD, COOK CO. ILLINOIS		IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? 20h. YES <input type="checkbox"/> NO <input type="checkbox"/>		
21a. I CERTIFY THAT IN MY OPINION BASED UPON MY INVESTIGATION AND/OR THE INQUIRY, THIS DEATH OCCURRED ON THE DATE, AT THE PLACE AND DUE TO THE CAUSE(S) STATED, AND THAT		THE DECEDENT WAS PRONOUNCED DEAD ON		DATE (MONTH DAY YEAR) 21b. FEBRUARY 15, 1989		AT 21c. 6:20 P.M.	
22a. <i>Barry D. Lifschultz M.D.</i>		CORONER'S - MEDICAL EXAMINER'S SIGNATURE		DATE SIGNED (MONTH DAY YEAR) 22b. FEBRUARY 16, 1989		CORONER'S PHYSICIAN'S SIGNATURE 22c. FEBRUARY 16, 1989	
23a. <i>BARRY D. LIFSCHULTZ M.D.</i>		BARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 23b. <i>BARRY D. LIFSCHULTZ M.D.</i>		DATE SIGNED (MONTH DAY YEAR) 23c. FEBRUARY 16, 1989		DATE (MONTH DAY YEAR) 23d. FEB 18, 1989	
24a. Burial		CEMETERY OR CREMATORY - NAME 24b. Oakland Memory Gardens		LOCATION CITY OR TOWN STATE 24c. Dolton, Illinois		DATE (MONTH DAY YEAR) 24d. Feb 18, 1989	
25a. Schnoeden-Lauer Funeral Home		FUNERAL HOME NAME STREET AND NUMBER OR R.F.D. 25b. Schnoeden-Lauer Funeral Home 3227 Ridge Rd. Lansing, IL 60438		CITY OR TOWN STATE ZIP 25c. Lansing, IL 60438		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 25d. 7398	
25b. <i>Martin J. Knott</i>		FUNERAL DIRECTOR'S SIGNATURE		DATE FILED BY LOCAL REGISTRAR (MONTH DAY YEAR) 25e. Feb 17 1989		LOCAL REGISTRAR'S SIGNATURE 26a. <i>John M. Costabile (M.C.)</i>	
26a. <i>John M. Costabile (M.C.)</i>		LOCAL REGISTRAR'S SIGNATURE		DATE FILED BY LOCAL REGISTRAR (MONTH DAY YEAR) 26b. Feb 17 1989		DATE (MONTH DAY YEAR) 26c. Feb 17 1989	

I HEREBY CERTIFY that the foregoing is a true and correct copy of the DEATH RECORD for the deceased in Item No. 1 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.

DATE: SEP 06 1991 SIGNED: John M Costabile
 AT: CHICAGO HEIGHTS, IL 60411 TITLE: LOCAL REGISTRAR
 01211