

DECEDENT'S BIRTH NO.

REGISTRATION DISTRICT NO. 49.8  
REGISTERED NUMBER 668

92005150

STATE OF ILLINOIS

STATE FILE NUMBER

MEDICAL CERTIFICATE OF DEATH

Type or Print in PERMANENT INK See Funeral Directors' Handbook for INSTRUCTIONS

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

1. MELVIN LEONARD WHITELEY 2. MALE 3. AUGUST 8, 1980

RACE - (WHITE, BLACK, AMERICAN INDIAN, ETC.) (SPECIFY) ORIGIN OR DESCENT AGE - LAST BIRTHDAY (YR) UNDER 1 YEAR UNDER 1 DAY DATE OF BIRTH (MO., DAY, YEAR) COUNTY OF DEATH

4a. white 4b. American 5a. 63 5b. 5c. 6. APR. 25, 1917 7a. LAKE

7b. ZION 7c. AMERICAN INTERNATIONAL HOSPITAL 7d. INPATIENT

8. INDIANA 9. U.S.A. 10. MARRIED 11. FLORENCE LILLIAN REMPIS

12. 306-01-6278 13a. MAINTENANCE 13b. FOUNDRY 13c. NO 13d. NONE

14a. 884 W. 70th PLACE 14b. MERRILLVILLE 14c. YES 14d. LAKE 14e. INDIANA

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

15. LEROY JACOBS 16. MABEL JOHNSON

17a. Florence L. Whiteley 17b. WIFE 17c. 884 W. 70th Pl. Merrillville, Ind. 46410

18. DEATH WAS CAUSED BY (SEE INSTRUCTIONS PER LINE FOR (a), (b), AND (c))

PART I. IMMEDIATE CAUSE (a) (b) (c)

CONDITIONS, IF ANY, WHICH GIVE RISE TO IMMEDIATE CAUSE (b) STATING THE UNDERLYING CAUSE LAST.

PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a) (b) (c)

DATE OF OPERATION, IF ANY (MONTH, DAY, YEAR) (MONTH, DAY, YEAR) AND LAST SAW HIM (OR HER) ALIVE OR DEAD (MONTH, DAY, YEAR) HOUR OF DEATH

20a. 20b. 20c. 20d. 1:50 P.M.

21a. 8-6-80 21b. 8-8-80 21c. 8-8-80 21d. 1:50 P.M.

22a. Signature of Certifier: Manuel Sanchez

22b. NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) DATE SIGNED (MONTH, DAY, YEAR)

22c. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) ILLINOIS LICENSE NUMBER

23. BURIAL, CREMATION, OR REMOVAL (SPECIFY) CEMETERY OR CREMATORY NAME LOCATION CITY OR TOWN STATE DATE (MONTH, DAY, YEAR)

24a. CREMATION 24b. SOUTHPORT CREMATORY 24c. KENOSHA, WISCONSIN 24d. 8-7-80

25a. CONGDON & COMPANY FUNERAL DIRECTORS, LTD., 3012 SHERIDAN ROAD, ZION, ILLINOIS 60099

25b. Signature of Funeral Director: A.P. Congdon 25c. 6926

26a. Signature of Local Registrar: Wesley Stewart 26b. Aug 9, 1980

26c. DATE RECD. BY LOCAL REGISTRAR (MONTH, DAY, YEAR)

26d. LOCAL REGISTRAR SIGNATURE

26e. DATE RECD. BY LOCAL REGISTRAR (MONTH, DAY, YEAR)

26f. LOCAL REGISTRAR SIGNATURE

26g. DATE RECD. BY LOCAL REGISTRAR (MONTH, DAY, YEAR)

26h. LOCAL REGISTRAR SIGNATURE

26i. DATE RECD. BY LOCAL REGISTRAR (MONTH, DAY, YEAR)

26j. LOCAL REGISTRAR SIGNATURE

26k. DATE RECD. BY LOCAL REGISTRAR (MONTH, DAY, YEAR)

26l. LOCAL REGISTRAR SIGNATURE

26m. DATE RECD. BY LOCAL REGISTRAR (MONTH, DAY, YEAR)

26n. LOCAL REGISTRAR SIGNATURE

26o. DATE RECD. BY LOCAL REGISTRAR (MONTH, DAY, YEAR)

26p. LOCAL REGISTRAR SIGNATURE

26q. DATE RECD. BY LOCAL REGISTRAR (MONTH, DAY, YEAR)

26r. LOCAL REGISTRAR SIGNATURE

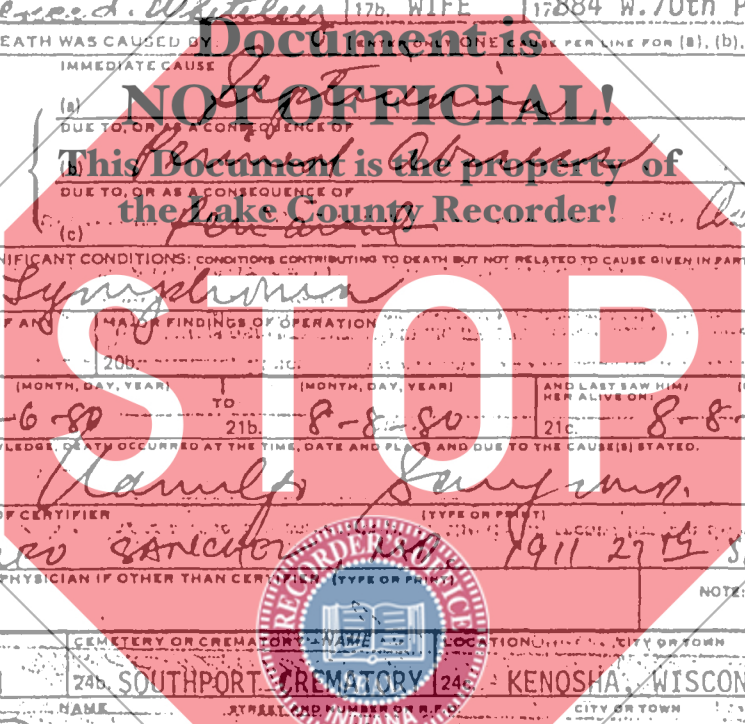
26s. DATE RECD. BY LOCAL REGISTRAR (MONTH, DAY, YEAR)

26t. LOCAL REGISTRAR SIGNATURE

26u. DATE RECD. BY LOCAL REGISTRAR (MONTH, DAY, YEAR)

26v. LOCAL REGISTRAR SIGNATURE

Key 15 - 369-105 Turley Creek Meadows unit 7 L. 535 7:15:584 W. 70th Pl. 46410



I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent named at item 1a 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 8-11-80 SIGNED Wesley Stewart Registrar

AT SAKEGAN Illinois OFFICIAL TITLE REGISTRAR, DIST. # 49.8

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 (true copies of the original record). The Illinois statute provides that the certification of a death record by the Department of Public Health or the local registrar or the county clerk shall be prima facie evidence of the facts stated therein.

VS&R 201 (1947 Revision of VS 200) DEPARTMENT OF PUBLIC HEALTH - Bureau of Statistics.

(Use this form for certifying to Death Records filed prior to 1950)

Printed by Authority of the State of Illinois

04376-100B-(9-55)

01261 600