

93026194

CERTIFIED COPY OF A DEATH RECORD

Home State 10980 W. 93rd St. ST. JOHN

46373

REGISTRATION DISTRICT NO. **16.92** STATE OF ILLINOIS STATE FILE NUMBER
 REGISTERED NUMBER: **704** **MEDICAL CERTIFICATE OF DEATH**

DECEASED—NAME: **IRVIN CLARK** SEX: **MALE** DATE OF DEATH: **JANUARY 17, 1985**
 RACE: **White** ETHNIC OR DESCENT: **American** AGE: **70** DATE OF BIRTH: **AUGUST 19, 1914** COUNTY OF BIRTH: **COOK**
 CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER: **PROVISO TOWNSHIP** HOSPITAL OR OTHER INSTITUTION: **VETERANS ADM. HINES II 60141** STATUS: **Inpatient**
 STATE OF BIRTH: **Illinois** CITIZEN OF WHAT COUNTRY: **U.S.A.** MARRIED, NEVER MARRIED, WIDOWED, DIVORCED: **Never Married** NAME OF SURVIVING SPOUSE: **None**
 SOCIAL SECURITY NUMBER: **311 28 2382** USUAL OCCUPATION: **Self** KIND OF BUSINESS OR INDUSTRY: **Carpenter** WAS DECEASED EVER IN U.S. ARMY OR NAVY: **Yes** WAR OR DATES OF SERVICE: **WWII 1938**
 RESIDENCE STREET AND NUMBER: **10980 West 93rd Street** CITY, TOWN, TWP. OR ROAD DISTRICT NO.: **St. John** INSIDE CITY (YES/NO): **Yes** COUNTY: **Lake** STATE: **Indiana**

FATHER—NAME: **Homer E. Clark** MOTHER—MAIDEN NAME: **Amey Cotton**
 URGENT NAME (TYPE OR PRINT): **A.C. HISTER, M.D.** RELATIONSHIP: **Physician** MAILING ADDRESS: **VETERANS ADM. HINES II 60141**
 PART I: DEATH WAS CAUSED BY: **unknown**



CONDITIONS, IF ANY, WHICH EXISTED AT THE TIME OF DEATH: **None**
 PART II: OTHER SIGNIFICANT CONDITIONS: **None**
 DATE OF OPERATION, IF ANY: **None** MAJOR FINDINGS OF OPERATION: **None**
 AVOID BLOODS ATTEND THE DECEASED AND LAST SAW HIM/LIVE ON: **JANUARY 17, 1985** HOUR OF DEATH: **6:30 P.M.**

TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.
 SIGNATURE: **N. ALIKHAN, M.D.** DATE SIGNED: **1/18/85**
 NAME AND ADDRESS OF CERTIFIER: **VETERANS ADM. HINES II 60141** ILLINOIS LICENSE NUMBER: **036.065.774**

BURIAL, CREMATION, REMOVAL (Type or Print): **None** CEMETERY OR CREMATORY—NAME: **Oak Hill** LOCATION: **Hammond, Indiana** DATE: **24d Jan. 22, 1985**
 FUNERAL HOME: **Monruary Service, 1751 W. 159th St., Harvey, Il. 60426**

FUNERAL DIRECTOR'S SIGNATURE: **[Signature]** FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER: **7963**
 LOCAL REGISTRAR'S SIGNATURE: **[Signature]** DATE REC'D BY LOCAL REGISTRAR (MONTH, DAY, YEAR): **January 18, 1985**

VR 200 REV. 6/82 (Illinois Department of Public Health - Office of Vital Records) BASED ON 1973 U.S. STANDARD CERTIFICATE

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent named herein 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: **APR 10 1985** SIGNED: **[Signature]** LOCAL REGISTRAR OF VITAL STATISTICS
 AT: **FOREST PARK, ILLINOIS, 60130** OFFICIAL TITLE: **[Signature]**

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 from copies of the original record. The Illinois statute provides that the authenticity of a death record by the Department of Public Health or the local registrar or the county clerk shall be prima facie evidence in all courts and places of the facts therein stated.
 ILLINOIS DEPARTMENT OF PUBLIC HEALTH—Source of Statistics
 Printed by the Authority of the State of Illinois
 10-2-8 Pt. E2 SW-SW S 28 T35 R9 1330X 95.50ft. 72 A60