

# Certified Copy of a Death Record

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FILED

HINES

DECEDENT'S BIRTH NO.	REGISTRATION DISTRICT NO. <b>16.92</b>	STATE OF ILLINOIS		STATE FILE NO.	APR 11 1994	
	REGISTERED NUMBER <b>86</b>	MEDICAL CERTIFICATE OF DEATH				
Type or Print in PERMANENT INK See Funeral Directors, Hospital, or Physicians Handbook for INSTRUCTIONS  DECEASED          CAUSE          CERTIFIER          DISPOSITION	1. DECEASED-NAME FIRST MIDDLE LAST <b>John Henry HINES</b>			2. SEX <b>Male</b>	3. DATE OF DEATH (MONTH, DAY, YEAR) <b>January 19, 1994</b>	
	4. COUNTY OF DEATH <b>COOK</b>		5a. AGE-LAST BIRTHDAY (YRS) <b>86</b>	5b. UNDER 1 YEAR MOSE DAYS	5c. UNDER 1 DAY HOURS MIN	5d. DATE OF BIRTH (MONTH, DAY, YEAR) <b>October 17, 1907</b>
	6a. CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER <b>PROVED TO BE</b>		6b. HOSPITAL OR OTHER INSTITUTION NAME (IF NOT IN EITHER GIVE STREET AND NUMBER) <b>VETERANS ADM. HINES, IL 60141</b>			6c. IF HOSP. OR INST. INDICATE D.O.A. OF EMER. RM. INPATIENT (SPECIFY) <b>Inpatient</b>
	7. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) <b>Bolivar, TN</b>		8a. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <b>Married</b>	8b. NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) <b>Lela Titus</b>		9. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO) <b>Yes</b>
	10. SOCIAL SECURITY NUMBER <b>327 18 9444</b>		11a. USUAL OCCUPATION <b>Machinist</b>	11b. KIND OF BUSINESS OR INDUSTRY <b>Fabricating</b>	12. EDUCATION (SPECIFY ON Y HIGHEST GRADE COMPLETED) Elementary Secondary (0-12) College (14 or 16) <b>4</b>	
	13a. RESIDENCE (STREET AND NUMBER) <b>518 So. Rensselaer</b>			13b. CITY, TOWN, TWP, OR ROAD DISTRICT NO. <b>Griffith</b>	13c. INSIDE CITY (YES/NO) <b>Yes</b>	13d. COUNTY <b>Lake</b>
	13e. STATE <b>Indiana</b>	13f. ZIP CODE <b>46319</b>	14a. RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) <b>White</b>	14b. OF HISPANIC ORIGIN? (SPECIFY YES/NO) IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc. <b>NO</b>		
	15. FATHER-NAME FIRST MIDDLE LAST <b>James Richard Hines</b>		16. MOTHER-NAME FIRST MIDDLE LAST <b>Mary Jane Turner</b>			
	17a. INFORMANT'S NAME (TYPE OR PRINT) <b>David W. Litner</b>		17b. RELATIONSHIP <b>Hospital Records</b>	17c. MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) <b>VETERANS ADM. HINES, IL 60141</b>		
	18. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.					
Immediate Cause (Final disease or condition resulting in death)		(a) <b>Sepsis (organism unknown) secondary to</b>			Unknown	
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.		(b) <b>Pneumonia (organism unknown) and</b>			Unknown	
		(c) <b>Urinary Tract Infection (enterococcus).</b>			Unknown	
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I				19a. AUTOPSY (YES/NO) <b>No</b>	19b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO)	
20a. DATE OF OPERATION, IF ANY		20b. MAJOR FINDINGS OF OPERATION		IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? 20c. YES <input type="checkbox"/> NO <input type="checkbox"/>		
21a. (DID) ( ) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON <b>January 19, 1994</b>			21b. WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) <b>No</b>	21c. HOUR OF DEATH <b>9:50 P. M.</b>		
22a. SIGNATURE <b>Kathleen B. Herne, M.D.</b>				22b. DATE SIGNED (MONTH, DAY, YEAR) <b>January 20, 1994</b>		
22c. NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) <b>VETERANS ADM. HINES, IL 60141</b>				22d. ILLINOIS LICENSE NUMBER <b>125-030574</b>		
23. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)						
24a. BURIAL, CREMATION, REMOVAL (SPECIFY) <b>Burial</b>	24b. CEMETERY OR CREMATORY-NAME <b>Chapel Lawn Mem. Gar.</b>		24c. LOCATION CITY OR TOWN STATE <b>Schererville, Indiana</b>	24d. DATE (MONTH, DAY, YEAR) <b>1-22-94</b>		
25a. FUNERAL HOME NAME STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE ZIP <b>Alternative Funeral Service 8605 West Brynmawr Chicago, Illinois 60631</b>		25b. FUNERAL DIRECTOR'S SIGNATURE <b>Ernest Severino</b>		25c. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER <b>034-010787</b>		
26a. LOCAL REGISTRAR'S SIGNATURE <b>Richard J. Billib</b>		26b. BROADVIEW, ILLINOIS 60153		26c. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) <b>January 20, 1994</b>		

#26-110-39

STATE OF ILLINOIS  
RECORDS & ADMINISTRATION  
JAN 20 1994

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent named at item 1 and that this record was established and filed in my office in accordance with the provisions of the Illinois Vital Records Act.

DATE JAN 20 1994 SIGNED Richard J. Billib  
 AT BROADVIEW, IL 60153, Illinois OFFICIAL TITLE Local Registrar of Vital Statistics

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 statutes provide that the certification of a death record by the Department of Public Health, local registrar or county clerk shall be prima facie evidence of the facts therein stated.

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