

FURTHER AFFIANT SAYETH NOT:

X Rosalee Wells
ROSALEE WELLS

STATE OF)
) SS:
COUNTY OF)

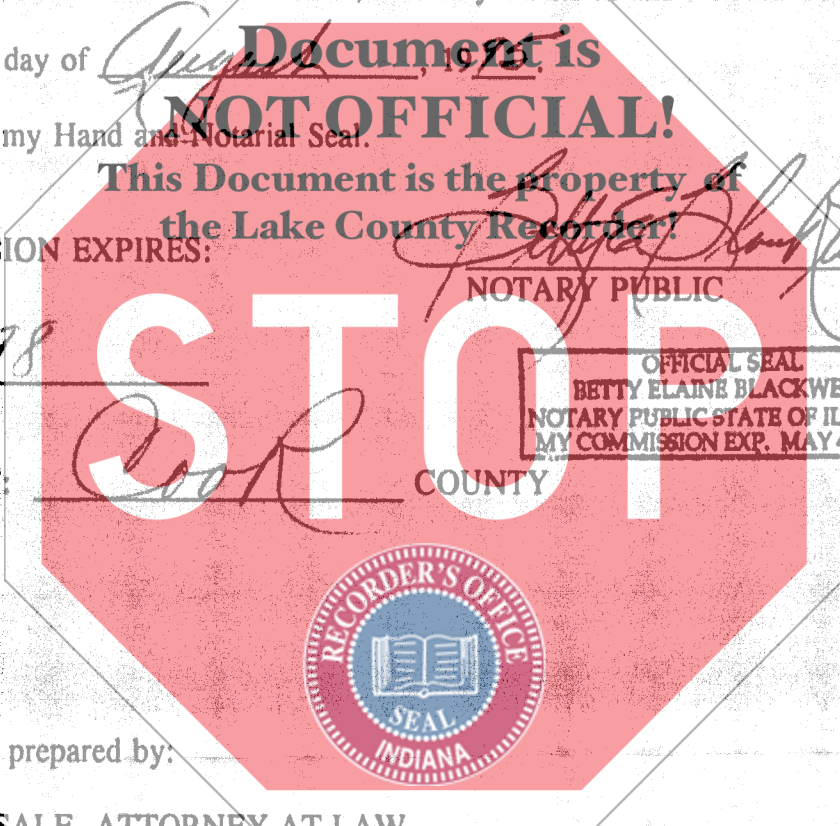
Subscribed and sworn to before me, a Notary Public in and for said County and State
this 22 day of August

Witness my Hand and Notarial Seal.

MY COMMISSION EXPIRES:

5/4/98

RESIDENT OF: Cook COUNTY



Betty Elaine Blackwell
NOTARY PUBLIC

OFFICIAL SEAL
BETTY ELAINE BLACKWELL
NOTARY PUBLIC STATE OF ILLINOIS
MY COMMISSION EXP. MAY 4, 1998

This instrument prepared by:

LOUIS M. CASALE, ATTORNEY AT LAW
8300 MISSISSIPPI STREET, SUITE E
MERRILLVILLE, INDIANA 46410

STATE FILE NUMBER

REGISTRATION DISTRICT NO. 16:10
REGISTERED NUMBER

STATE OF ILLINOIS

MEDICAL CERTIFICATE OF DEATH

620595

DECEASED—NAME FIRST MIDDLE LAST SEX DATE OF DEATH (MONTH, DAY, YEAR)
1. LaFayette Wells 2 Male 3 Oct 13 - 1988

RACE—(WHITE, BLACK, AMERICAN INDIAN OR DESCENT, ASIAN, PACIFIC ISLANDER, ETC.) (SPECIFY) AGE—LAST BIRTHDAY (YRS.) UNDER 1 YEAR UNDER 1 DAY DATE OF BIRTH (MO., DAY, YEAR) COUNTY OF DEATH
4 Black 5 AMERICAN 6 83 7. Oct 29 - 1905 8. Cook

CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) IF HOSP. OR INST. INDICATED DOA OF FEMUR, RPL. IMPATIENT (SPECIFY)
9 Chicago 10 1916 S. LAWDALE AVE. 11 HOME

STATE OF BIRTH (IF NOT IN U.S.A. NAME COUNTRY) CITIZEN OF WHAT COUNTRY MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE)
12 Mississippi 13 USA 14 MARRIED 15 Rosalee Cooper

SOCIAL SECURITY NUMBER USUAL OCCUPATION KIND OF BUSINESS OR INDUSTRY WAS DECEASED EVER IN U.S. ARMED FORCES? (SPECIFY YES OR NO) WAR OR DATES OF SERVICE
16 360-07-3150 17 Minister 18 Church 19 YES 20 WWII

RESIDENCE STREET AND NUMBER CITY, TOWN, TWP. OR ROAD DISTRICT NO. INSIDE CITY COUNTY STATE
21 1916 S. LAWDALE AVE Chicago 22 Cook 23 Illinois

FATHER—NAME FIRST MIDDLE LAST MOTHER—MAIDEN NAME FIRST MIDDLE LAST
24 SIDNEY WELLS 25

INFORMANT NAME (TYPE OR PRINT) RELATIONSHIP MAILING ADDRESS (STREET AND NO. OR R. F. D., CITY OR TOWN, STATE, ZIP)
26 Rosalee WELLS 27 wife 28 1916 S. LAWDALE AVE. CHGO, ILL.

18. DEATH WAS CAUSED BY: [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)] APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART I IMMEDIATE CAUSE

(a) Carcinoma of Prostate with Metastases to Unknown
DUE TO OR AS A CONSEQUENCE OF:
CONDITIONS, IF ANY, WHICH GIVE RISE TO IMMEDIATE CAUSE (b) STATING THE UNDERLYING CAUSE LAST.
(b) DUE TO OR AS A CONSEQUENCE OF:
(c) DUE TO OR AS A CONSEQUENCE OF:

PART II. OTHER SIGNIFICANT CONDITIONS, CONDITIONS CONTRIBUTING TO DEATH NOT RELATED TO CAUSE GIVEN IN PART I (a)
29 SEP 1988

DATE OF OPERATION, IF ANY MAJOR FINDINGS OF OPERATION
30a 30b

21. (1) (ID#) (MID#) ATTEND THE DECEASED AND LAST SAME NUMBER ALIVE ON (MONTH, DAY, YEAR)
31a 31b Oct. 12, 1988

22a SIGNATURE NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)
32a Heana Sauer SONERU M.D. 5th AVE + ROOSEVELT RD HINES, ILL.

22c NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)
32c HINES, ILL.

23. BURIAL, CREMATION, REMOVAL (SPECIFY) CEMETERY OR CREMATORY—NAME LOCATION CITY OR TOWN STATE DATE (MONTH, DAY, YEAR)
33a Burial 33b Burr Oak 33c Alsip, Illinois 33d Oct 18 - 1988

FUNERAL HOME NAME STREET AND NUMBER OR R. F. D. CITY OR TOWN STATE ZIP
34a Westend Funeral Home 34b 217 N. Cicero Ave. CHGO, ILL. 60644

FUNERAL DIRECTOR'S SIGNATURE FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER
35a U. Wallace 35b 6025

LOCAL REGISTRAR'S SIGNATURE DATE RECD. BY LOCAL REGISTRAR (MONTH, DAY, YEAR)
36a L. L. Edwards, M.D. M.P.A. 36b OCT 14 1988

VR 200 REV. 5/82 Illinois Department of Public Health - Office of Vital Records (BASED ON 1978 U.S. STANDARD CERTIFICATE)
000105

Oct. 14, 1988

ILLINOIS COUNTY OF COOK SS CITY OF CHICAGO

I, LONNIE C. EDWARDS M.D. M.P.A., LOCAL REGISTRAR OF VITAL STATISTICS OF THE CITY OF CHICAGO, DO HEREBY CERTIFY THAT I AM THE KEEPER OF THE RECORDS OF BIRTHS, STILLBIRTHS AND DEATHS OF THE CITY OF CHICAGO BY VIRTUE OF THE LAWS OF THE STATE OF ILLINOIS AND THE ORDINANCES OF THE CITY OF CHICAGO; THAT THE ACCOMPANYING CERTIFICATE ON THIS SHEET IS A TRUE COPY AS A RECORD KEPT BY ME IN PURSUANCE OF SAID LAWS AND ORDINANCES.

DEPARTMENT OF HEALTH - CITY OF CHICAGO



THIS CERTIFIED COPY VALID WHEN MULTICOLOR SEAL AND BLUE SIGNATURE ARE AFFIXED