

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death and record for the decedent named in item 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 August 7, 1995

SIGNED

At Cook County Dept. of Public Health
1010 Lake Street
Oak Park, IL 60301

Official Title County Clerk
SIGNED Carol R. [Signature]
APPROVED FOR LAKE COUNTY
SAM ORLICH

#46-549-23

SEP 26 1995

REGISTRATION DISTRICT NO 16.0		STATE OF ILLINOIS		STATE FILE NUMBER 46469	
REGISTERED NUMBER		MEDICAL CERTIFICATE OF DEATH			
DECEASED NAME 1. James Wilson		SEX 2. Male	DATE OF DEATH (MONTH, DAY, YEAR) 3. August 2, 1995		
COUNTY OF DEATH 4. Cook		AGE - LAST BIRTHDAY (YRS) 5a. 79	UNDER 1 YEAR 5b.	UNDER 1 DAY 5c.	DATE OF BIRTH (MONTH, DAY, YEAR) 5d. SEPT. 13-1915
CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER 6a. Olympia Fields		HOSPITAL OR OTHER INSTITUTION NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 6b. Olympia Fields Osteopathic		IF HOSP. OR INST. INDICATE D.O.A. OR EMER. RM, INPATIENT (SPECIFY) 6c. D.O.A.	
BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) 7. Greenville, SC.		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 8a. MARRIED	NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) 8b. EVA DIXON		WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO) 9. NO
SOCIAL SECURITY NUMBER 10. 50-07-1770		TUSUAL OCCUPATION 11a. Bowling	KIND OF BUSINESS OR INDUSTRY 11b. P.B. ASS.	EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) 12. College (1-4 or 6+)	
RESIDENCE (STREET AND NUMBER) 13a. 5035 S. Drexel		CITY, TOWN, TWP, OR ROAD DISTRICT NO. 13b. Chicago	INSIDE CITY (YES/NO) 13c. YES	COUNTY 13d. COOK	
ZIP CODE 13e. 60615		RACE (WHITE, BLACK, AMERICAN INDIAN, ETC.) (SPECIFY) 14a. BLACK	OF HISPANIC ORIGIN? (SPECIFY YES OR NO) 14b. NO	SPECIFY: <input type="checkbox"/> YES	
FATHER - NAME FIRST MIDDLE LAST 15. John Wilson		MOTHER - NAME FIRST MIDDLE LAST (MAIDEN) 16. Ruby [unavailable]			
INFORMANT'S NAME (TYPE OR PRINT) 17a. EVA WILSON		RELATIONSHIP 17b. WIFE	MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) 17c. 5035 S. DREXEL, CO.		
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) CARDIAC ARRHYTHMIA		DUE TO, OR AS A CONSEQUENCE OF (b) ISCHEMIC CORONARY DISEASE		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH MINUTES YEARS	
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST (c)					
PART II Other significant conditions contributing to death but not resulting in the underlying cause given in PART I END STAGE RENAL DISEASE		AUTOPSY (YES/NO) 19a. NO		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO) 19b.	
DATE OF OPERATION, IF ANY 20a.		MAJOR FINDINGS OF OPERATION 20b.		IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? 20c. YES <input type="checkbox"/> NO <input type="checkbox"/>	
1701 (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON 21a. 8/10/95		WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) 21b. Yes		HOUR OF DEATH 21c. 12:06 P.M.	
TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.		DATE SIGNED 22b. 8/3/95			
22a. SIGNATURE NAME AND ADDRESS OF CERTIFIER 22c. LEON T. COOK D.O. 5200 S. ELLIS CHICAGO		ILLINOIS LICENSE NUMBER 22d. 036054673		NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.	
23.		BURIAL, CREMATION, REMOVAL (SPECIFY) 24a. BURIAL		CEMETERY OR CREMATORY - NAME 24b. RESTVALE	
FUNERAL HOME 25a. Lena Bryant Funeral Home 1136 W. 87th St. Chgo. 60620		LOCATION 24c. WORTH ILL.		DATE 24d. 8-10-95	
FUNERAL DIRECTOR'S SIGNATURE 25b. Lena T. Bryant		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 25c. 7418			
LOCAL REGISTRAR'S SIGNATURE 26a. KAREN L. SCOTT, M.D. Carol R. Compton		DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) 26b. August 7, 1995		9.02	

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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

MARGARET J. O'BRIEN
RECORDER