

# Certified Copy of a Death Record

→ Vera Lyles

DECEDENT'S BIRTH NO.		REGISTRATION DISTRICT NO. <u>10.92</u>		STATE OF ILLINOIS			STATE FILE NUMBER		
		REGISTERED NUMBER <u>1371</u>		<b>MEDICAL CERTIFICATE OF DEATH</b>					
Type or Print in PERMANENT INK See Funeral Directors, Hospital, or Physicians Handbook for INSTRUCTIONS	DECEASED NAME FIRST MIDDLE LAST			SEX	DATE OF DEATH (MONTH, DAY, YEAR)				
	1 <b>HARRY L LYLES</b>			2 <b>Male</b>	3 <b>October 9, 1994</b>				
	COUNTY OF DEATH		AGE-LAST BIRTHDAY (YRS)	UNDER 1 YEAR	UNDER 1 DAY	DATE OF BIRTH (MONTH, DAY, YEAR)			
	4 <b>COOK</b>		5a <b>74 73</b>	5b	5c	6d <b>November 28, 1919</b>			
	CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER		HOSPITAL OR OTHER INSTITUTION NAME AND STREET ADDRESS			IF HOSP. OR INST. INDICATE D.O.A. OP/EMER. RM. INPATIENT (SPECIFY)			
6a <b>PROVISO TOWNSHIP</b>		6b <b>VETERANS ADM. HINES, IL 60141</b>			6c <b>Inpatient</b>				
BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)	NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE)			WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO)			
7 <b>Tennessee</b>		8a <b>Married</b>	8b <b>Vera Johnson</b>			9 <b>Yes</b>			
SOCIAL SECURITY NUMBER		USUAL OCCUPATION	KIND OF BUSINESS OR INDUSTRY		EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED)				
10 <b>413-16-7996</b>		11a <b>RECORDERS</b>	11b <b>Automobile</b>		12 <b>12<sup>th</sup></b>				
RESIDENCE (STREET AND NUMBER)				CITY, TOWN, TWP. OR ROAD DISTRICT NO.		INSIDE CITY (YES/NO)		COUNTY	
13a <b>4572 Jerrerson Road</b>				46408		13c <b>Yes</b>		13d <b>Lake</b>	
STATE		ZIP CODE	RACE (WHITE, BLACK, AMERICAN INDIAN, etc.)		OF HISPANIC ORIGIN? (SPECIFY YES/NO OR YES-IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, ETC.)				
13e <b>Indiana</b>		13f <b>46408</b>	14a <b>White American</b>		14b <b>NO</b>				
FATHER-NAME FIRST MIDDLE LAST		MOTHER-NAME FIRST MIDDLE (MAIDEN) LAST							
15 <b>Boyd Lyles</b>		16 <b>Annie Webster</b>							
INFORMANT'S NAME (TYPE OR PRINT)		RELATIONSHIP		ADDRESS (CITY, STATE, ZIP)					
17a <b>ROBERT J. BELCH</b>		<b>the Lake County Hospital Records</b>		<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.						APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
Immediate Cause (Final disease or condition resulting in death)		(a) <b>Metastatic Adenocarcinoma of the Prostate.</b>						<b>Unknown</b>	
		DUE TO, OR AS A CONSEQUENCE OF							
		(b)							
		DUE TO, OR AS A CONSEQUENCE OF							
		(c)							
PART II		Other significant conditions contributing to death but not resulting in the underlying cause given in PART I							
DATE OF OPERATION, IF ANY		MAJOR FINDINGS OF OPERATION		AUTOPSY (YES/NO)		IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS?			
20a		20b		19a <b>NO</b>		19b			
DATE OF DEATH (MONTH, DAY, YEAR)		HOUR OF DEATH		EXAMINER NOTIFIED? (YES/NO)					
21a <b>October 9, 1994</b>		21b <b>NO</b>		21c <b>2:30</b>					
TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.		SIGNATURE		DATE SIGNED (MONTH, DAY, YEAR)		ILLINOIS LICENSE NUMBER			
		22a <b>William Towne, M.D.</b>		22b <b>October 10, 1994</b>		22d <b>125-028185-5</b>			
NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)		NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)				NOTE: IF AN INJURY WAS INVOLVED IN THE DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.			
22c		22d							
BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY OR CREMATORY-NAME		LOCATION		DATE (MONTH, DAY, YEAR)			
24a <b>Burial</b>		24b <b>Meadow Lawn</b>		24c <b>Spain Hill, TN</b>		24d <b>10-15-1994</b>			
FUNERAL HOME		STREET AND NUMBER OR R.F.D.		CITY OR TOWN		STATE ZIP			
25a <b>CANTON'S CHAPEL 2100 E. 75<sup>th</sup> STREET, Chicago, Illinois 60649</b>		FUNERAL DIRECTOR'S SIGNATURE		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER					
		25b <b>George Davis</b>		25c <b>100153</b>					
LOCAL REGISTRAR'S SIGNATURE		DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)							
28a <b>Richard J. Billik</b>		28b <b>October 11, 1994</b>							
BROADVIEW, ILLINOIS 60153									



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 **OCT 11 1994** SIGNED **Richard J. Billik**

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.

STATE OF INDIANA LAKE COUNTY RECORDER

46-51-41

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