

HOLD FOR: STATE OF ILLINOIS
THE TITLE SEARCH CO. STATE FILE NUMBER
MEDICAL CERTIFICATE OF DEATH 610196

REGISTRATION DISTRICT: **36-10**
 REGISTERED NUMBER: **610196**

DECEASED—NAME: **Melvin Rucker** 2. **Male** 3. **May 28, 1991**

COUNTY OF DEATH: **Cook** AGE—LAST BIRTHDAY (YRS): **5a. 60** UNDER 1 YEAR: **5b. 0** UNDER 1 DAY: **5c. 0** DATE OF BIRTH (MONTH DAY YEAR): **5d. May 20, 1931**

CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER: **6a. Chicago** HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER GIVE STREET AND NUMBER): **6b. VA Lakeside Medical Center** IF HOSP. OR INST. INDICATE D.O.A. OF EMER. RM. INPATIENT (SPECIFY): **6c. Inpatient**

BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY): **7. Cincinnati, Ohio** MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): **8a. Married** NAME OF SURVIVING SPOUSE (MAIDEN NAME IF WIFE): **8b. Edna Prude** WAS DECEASED EVER IN U.S. ARMED FORCES? (YES NO): **9. Yes**

SOCIAL SECURITY NUMBER: **10. 268-26-0195** USUAL OCCUPATION: **11a. Forklift Oper** KIND OF BUSINESS OR INDUSTRY: **11b. FACTORY** EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED): **12. Elementary Secondary (0-12) 2**

RESIDENCE (STREET AND NUMBER): **13a. 3631 Harrison Street** CITY, TOWN, TWP. OR ROAD DISTRICT NO.: **13b. Gary** INSIDE CITY (YES/NO): **13c. Yes** COUNTY: **13d. Lake**

STATE: **13e. Indiana** ZIP CODE: **13f. 46408** RACE (WHITE, BLACK, AMERICAN INDIAN, etc.): **14a. Black** OF HISPANIC ORIGIN? (SPECIFY NO OR YES—IF YES SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.): **14b. NO**

FATHER—NAME FIRST MIDDLE LAST: **15. Oscar Rucker** MOTHER—NAME FIRST MIDDLE (MAIDEN) LAST: **16. Nettie Hemp**

INFORMANT'S NAME (TYPE OR PRINT): **17a. Charles E. Clark** RELATIONSHIP: **17b. Records** MAILING ADDRESS (STREET AND NO. OR R.F.D. CITY OR TOWN STATE, ZIP): **17c. 333 E. Huron St., Chicago, IL, 60611**

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) **SEPSIS**
 DUE TO, OR AS A CONSEQUENCE OF

CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. (b) _____
 (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: **20a.** MAJOR FINDINGS OF OPERATION: **20b. SN OR LICH AUDITOR LAKE** IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? **20c. YES NO**

1 (DID) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON: **21a. VA 5-28-91** FOR MEDICAL EXAMINER NOTIFIED? (YES/NO): **21b. No** HOUR OF DEATH: **21c. 1:15A.M.**

TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.

22a. SIGNATURE: **Craig B. Morrow** NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT): **22c. 333 East Huron Street Chicago, Illinois, 60611** DATE SIGNED (MONTH, DAY, YEAR): **22b. 5-28-1991** ILLINOIS LICENSE NUMBER: **22d. T-022029**

23. BURIAL, CREMATION, REMOVAL (SPECIFY): **24a. CREMATION** CEMETERY OR CREMATORY—NAME: **24b. OAK HILL** LOCATION: **24c. Gary Indiana** DATE (MONTH, DAY, YEAR): **24d. May 30 1991**

FUNERAL HOME: **25a. Taylor Funeral Home LTD 63 E. 79th St Chicago Illinois 60619** FUNERAL DIRECTOR'S SIGNATURE: **25b. [Signature]** FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER: **25c. 7410**

LOCAL HEALTH OFFICER'S SIGNATURE: **26a. [Signature]** HEALTH OFFICER'S ILLINOIS LICENSE NUMBER: **26b. [Number]**

25-96-381-7

MAY 29 1991

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STATE OF ILLINOIS
 COUNTY OF COOK
 CITY OF CHICAGO

I, VIRGINIA L. PARKER, N.B.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 FOR 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 COPY OF A RECORD KEPT BY ME IN PURSUANCE OF SAID LAWS AND ORDINANCES.

STATE OF INDIANA
 LAKE COUNTY
 RECORD

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 SW

THIS CERTIFIED COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED. 000330