

ALCOHOL DISTRICT **16.10**
REGISTERED NUMBER

STATE OF ILLINOIS
MEDICAL CERTIFICATE OF DEATH
LAKE COUNTY
FILED FOR RECORD

STATE FILE NUMBER **Madeline 602560**
ex 3153

DECEASED-NAME FIRST MIDDLE LAST SEX DATE OF DEATH (MONTH, DAY, YEAR)
1. **Edward Tobias; 31** Male 3 February 11, 1996

COUNTY OF DEATH AGE-LAST BIRTHDAY (MOS) UNDER 1 YEAR UNDER 1 DAY DATE OF BIRTH (MONTH, DAY, YEAR)
4. **990811300** 5a. 75 5b. 1 5c. 10 5d. NOVEMBER 15, 1920

CITY, TOWN, V.P., OR ROAD DISTRICT NUMBER HOSPITAL OR OTHER INSTITUTION NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) IF HOSP. OR INST. INDICATE D.O.A. OP-EMER. RM. INPATIENT (SPECIFY)
6a. **CHICAGO** 6b. **Northwestern Memorial Hospital** 6c. **Inpatient**

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. **HAMMOND, IND.** 8a. **MARRIED** 8b. **DIANA JEAN NIESSEN** 9. **YES**

SOCIAL SECURITY NUMBER USUAL OCCUPATION KIND OF BUSINESS OR INDUSTRY EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) ELEMENTARY/SECONDARY (0-12) COLLEGE (1-4 OR 5+)
10. **313-01-7733** 11a. **SUPERVISOR** 11b. **UNION CARBIDE CORP.** 12. **12**

RESIDENCE (STREET AND NUMBER) CITY, TOWN, OR ROAD DISTRICT NO. INSIDE CITY (YES/NO) COUNTY
13a. **1003 MYRTLE** 13b. **WHITING** 13c. **YES** 13d. **LAKE**

STATE ZIP CODE RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) OF HISPANIC ORIGIN? (SPECIFY NO OR YES-IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.)
13e. **INDIANA** 13f. **46394** 14a. **WHITE** 14b. NO YES SPECIFY:

FATHER-NAME FIRST MIDDLE LAST MOTHER-NAME FIRST MIDDLE LAST
15. **JOHN TOBIAS** 16. **ELIZABETH**

INFORMANT'S NAME (TYPE OR PRINT) RELATIONSHIP MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP)
17a. **Jackie Smith** 17b. **Medical Records** 17c. **303 E. Superior Chicago, IL 60611**

18. PART I. Enter the diseases, injuries, 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) **Cardiogenic Shock, Renal Failure**
DUE TO, OR AS A CONSEQUENCE OF
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. (b) **Ischemic Cardiomyopathy**
DUE TO, OR AS A CONSEQUENCE OF
(c) **Severe Diffuse Atherosclerosis**

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I. AUTOPSY (YES/NO) WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO)
19a. **No** 19b.

DATE OF OPERATION, IF ANY MAJOR FINDINGS OF OPERATION IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS?
20a. 20b. 20c. **YES** **NO**

I (DID) (DID NOT) ATTEND THE DECEASED (MONTH, DAY, YEAR) AND LAST SAW HIM/HER ALIVE ON WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) HOUR OF DEATH
21a. **I did last attend/February 11, 1996** 21b. **No** 21c. **3:05 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 (MONTH, DAY, YEAR)
22a. SIGNATURE **Rebecca Quigg** 22b. **February 12, 1996**

NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) ILLINOIS LICENSE NUMBER
22c. **Rebecca Quigg, M.D., 250 E. Superior Chicago, IL 60611** 22d. **36-89623**

NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.
23.

BURIAL, CREMATION, REMOVAL (SPECIFY) CEMETERY OR CREMATORY-NAME LOCATION CITY OR TOWN STATE DATE (MONTH, DAY, YEAR)
24a. **ENTOMBMENT** 24b. **CALUMET PARK MAUSOLEUM** 24c. **MERRILLVILLE, INDIANA** 24d. **2-14-96**

FUNERAL HOME NAME STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE ZIP
25a. **MRAZEK & RUSS FUNERAL SERVICE 3601 W. DIVERSEY CHICAGO, ILLINOIS 60647**

FUNERAL DIRECTOR'S SIGNATURE FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER
25b. **Michael P. Ryan** 25c. **034-014579**

LOCAL REGISTRAR'S SIGNATURE DATE FILED IN LOCAL REGISTRAR'S OFFICE (MONTH, DAY, YEAR)
26a. **Madeline** 26b. **FEB 13 1996**

STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO

FEB 13 1996

I, **SHARLA LYNE, RSW**, 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 TRUE COPY OF A RECORD KEPT BY ME IN PURSUANCE OF SAID LAWS AND ORDINANCES.

Sharla Lyne RSW
LOCAL REGISTRAR

THIS CERTIFIED COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.

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CS
VA

*KEY NO: 26-36-0022-0018

DEPARTMENT OF HEALTH - CITY OF CHICAGO

00113

LAKE COUNTY JUDGE