

STATE OF ILLINOIS
 MEDICAL CERTIFICATE OF DEATH

2013 Nicky's Dr
 Patricia Foley 46311

STATE FILE #09
 150111

REGISTRATION DISTRICT NO 16.0

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REGISTERED NUMBER

DECEASED-NAME FIRST MIDDLE LAST SEX DATE OF DEATH (MONTH DAY YEAR)

BETTY J. BRIGHTWELL FEMALE 3 FEBRUARY 19, 1993

COUNTY OF DEATH AGE-LAST BIRTHDAY (YRS) UNDER 1 YEAR UNDER 1 DAY DATE OF BIRTH (MONTH DAY YEAR)

COOK 5a 68 5b MOSE DAYS 5c HOURS MIN 5d OCTOBER 14, 1924

CITY TOWN TWP. OR ROAD DISTRICT NUMBER HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) IF HOSP. OR INST. INPATIENT OR OPER. RM. INPATIENT (SPECIFY)

1 PARK RIDGE 6b LUTHERAN GENERAL 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)

ILLINOIS City 8a MARRIED 8b Charles Brightwell 9. No

SOCIAL SECURITY NUMBER USUAL OCCUPATION KIND OF BUSINESS OR INDUSTRY EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED)

310-22-5341 11a Home Maker 11b Own Home 12 12 892

RESIDENCE (STREET AND NUMBER) CITY, TOWN, TWP. OR ROAD DISTRICT NO. INSIDE CITY (YES/NO) COUNTY

12a 154C4 W 91st ST. 13b DYER 13c Yes 13d LAKE

RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) OF HISPANIC ORIGIN? (SPECIFY NO OR YES-IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.)

DIANA 14 14a White 14b No 14c YES SPECIFY:

FATHER-NAME FIRST MIDDLE LAST MOTHER-NAME FIRST MIDDLE (MAIDEN) LAST

5 Herbert HICKS 16 Pearl n/a

INFORMANT'S NAME (TYPE OR PRINT) RELATIONSHIP MAILING ADDRESS (STREET AND NO OR R.F.D. CITY OR TOWN, STATE, ZIP)

7a V. FRAUENDORFER-REGISTRAR 18 HOSP. REC'D 17c 1775 DEMPSTER PARK RIDGE, ILLINOIS 60068

B. 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.

(a) Malignant Lymphoma - Right axillary node
 DUE TO, OR AS A CONSEQUENCE OF

(b) PSYB
 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 IF FEMALE WAS THERE A PREGNANCY IN PAST THREE MONTHS?

20a 20b 20c YES NO

DEAD (DID NOT) ATTEND THE DECEASED (MONTH DAY YEAR) HOURS OF DEATH

11a Feb 19, 1993 21c 7:15 P.M.

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

22a SIGNATURE 22b Feb 20, 1993

22c 1875 W. Dempster Room 405 Park Ridge, IL ILLINOIS LICENSE NUMBER 36-45731

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 THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED

22c J. Bruce Miller, M.D.

BURIAL, CREMATION, REMOVAL (SPECIFY) CEMETERY OR CREMATORY-NAME LOCATION CITY OR TOWN STATE DATE (MONTH DAY YEAR)

24a Cremation 24b Calumet Park 24c Merrillville, In. 24d Feb. 23, 1993

FUNERAL HOME NAME STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE ZIP

25a Nelson Funeral Homes, Inc., 820 Talcott Rd., Park Ridge, Il. 60068

FUNERAL DIRECTOR'S SIGNATURE FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER

25b John A. Nelson 25c 034-010784

LOCAL REGISTRAR'S SIGNATURE DATE FRED BY LOCAL REGISTRAR (MONTH DAY YEAR)

26a REGISTRAR 26b Feb 22, 1993

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death 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 FEB 22 1993 Signed Patricia Foley

At Cook County Department of Public Health Official Title Chief Deputy Registrar
 1010 Lake St. Oak Park, Illinois 60301