

REGISTRATION DISTRICT NO

REGISTERED NUMBER

16.10

STATE OF ILLINOIS

KEY 44-287-24

STATE FILE NUMBER

MEDICAL CERTIFICATE OF DEATH

6084108

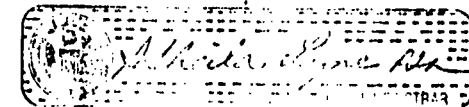
DECEASED-NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH DAY, YEAR)	
1		JOHN	L	JACKSON SR.	2 MALE	3 MAY 17, 1997	
COUNTY OF DEATH		AGE-LAST BIRTHDAY (YRS)	UNDER 1 YEAR	UNDER 1 DAY	DATE OF BIRTH (MONTH DAY YEAR)		
4 COOK		5a 75	5b.	5c.	5d. AUGUST 16, 1921		
CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER		HOSPITAL 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. VENCOR HOSPITAL CHICAGO NORTH			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 COVINGTON, TENN		8a MARRIED		8b. JULIA BERNARD ←		9 NO	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION		KIND OF BUSINESS OR INDUSTRY		EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED)	
10 414 26 0928		11a LABEL LINDER		11b. U.S. STEEL		12. 6	
RESIDENCE (STREET AND NUMBER)		CITY, TOWN, TWP. OR ROAD DISTRICT NO.		INSIDE CITY (YES/NO)		COUNTY	
13a. 1148 PENN STREET		13b. GARY 26407		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.)	
13a. INDIANA		1346407		14a. BLACK		14b. NO <input type="checkbox"/> YES <input type="checkbox"/> SPECIFY:	
FATHER-NAME FIRST MIDDLE LAST		MOTHER-NAME FIRST MIDDLE LAST (MAIDEN)					
15. HARVEY JACKSON		16. RATIE TAYLOR					
INFORMANT'S NAME (TYPE OR PRINT)		RELATIONSHIP		MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP)			
17a. VERONICA POPIELARZ		17b. RECORDS		17c. CHICAGO, ILLINOIS 60618			
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) Diabetic Keto Acidosis				240	
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.		(b) DUE TO, OR AS A CONSEQUENCE OF					
		(c) DUE TO, OR AS A CONSEQUENCE OF					
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.		AUTOPSY (YES/NO)		WAS 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 <input type="checkbox"/> NO <input type="checkbox"/>			
1 (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON		WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO)		HOUR OF DEATH			
21a. 5/16/97		21b. NO		21c. 04:15 A. M.			
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)			
22a. J. DUGAS M.D.		22b. JAS		22b. 5/17/97			
NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)		NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)		ILLINOIS LICENSE NUMBER			
22c. J. DUGAS M.D.		22d. J. DUGAS M.D. 2544 W. MONTROSE AVE CHICAGO, ILL 60618		22d. 036-063095			
BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY OR CREMATORY-NAME		LOCATION		DATE (MONTH, DAY, YEAR)	
24a. CREMIAL		24b. EVERGREEN		24c. HOBART, INDIANA		24d. MAY 22, 1997	
FUNERAL HOME		NAME		STREET AND NUMBER OR R.F.D.		CITY OR TOWN STATE ZIP	
25a. TAYLOR FUNERAL HOME, 2701 63 E. 74TH ST. CHICAGO, ILL 60619		FUNERAL DIRECTOR'S SIGNATURE		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER			
25b. Will a J. Dugas		25c. 034-010650		DATE FIRST OBSERVED AT THE DEATH (MONTH, DAY, YEAR)			
LOCAL REGISTRAR'S SIGNATURE		DATE FIRST OBSERVED AT THE DEATH (MONTH, DAY, YEAR)					
1610 1/2 N. York Blvd		MAY 17 1997					

97089178

STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO

SEP 5 - 1997

I, SHEILA 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.

THIS CERTIFIED COPY VALID WHEN
MULTICOLOR SIGNATURE SEAL IS
AFFIXED.

FILED

DEC 30 1997

SAM ORLICH
AUDITOR LAKE COUNTY

001678 900

DEPARTMENT OF HEALTH - CITY OF CHICAGO