

REGISTRATION DISTRICT NO.
REGISTERED NUMBER **16.10**

STATE OF ILLINOIS

STATE FILE NUMBER

MEDICAL CERTIFICATE OF DEATH

617878

Key # 30-596-15

DECEASED NAME FIRST MIDDLE LAST SEX DATE OF DEATH (MONTH DAY YEAR)
1. **RAYMOND P. SULLIVAN** 2. **MALE** 3. **9-16-95**

COUNTY OF DEATH AGE-LAST BIRTHDAY (YES) UNDER 1 YEAR UNDER 1 DAY DATE OF BIRTH (MONTH DAY YEAR)
4. **COOK** 5a. **71** 5b. **0** 5c. **0** 5d. **OCT. 25, 1923**

CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER HOSPITAL OR OTHER INSTITUTION - NAME IF NOT IN OTHER GIVE STREET AND NUMBER IF HOSP. OR INST. INDICATE D.O.A. OPERATOR, P.M. 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 (MARRIAGE NAME IF WIFE) WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO)
7. **Chicago Ill.** 8a. **Married** 8b. **Mary E. Lavelle** 9. **YES**

SOCIAL SECURITY NUMBER USUAL OCCUPATION KIND OF BUSINESS OR INDUSTRY EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED)
10. **348-14-6178** 11a. **Electrician** 11b. **I.B. ELEC.** 12. **5**

RESIDENCE (STREET AND NUMBER) CITY, TOWN, TWP. OR ROAD DISTRICT NO. INSIDE CITY (YES/NO) COUNTY
13a. **5508 Webb** 13b. **Chicago** 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. **46312** 14a. **White** 14b. **XNO** 14c. **Yes**

FATHER NAME FIRST MIDDLE LAST MOTHER NAME FIRST MIDDLE (MAIDEN) LAST
15. **William Sullivan** 16. **Margaret F. Z. Patrick**

INFORMANT'S NAME (TYPE OR PRINT) RELATIONSHIP MAILING ADDRESS (STREET, NO. OR R.F.D., CITY OR TOWN, STATE, ZIP)
17a. **Peggie C. Bell** 17b. **Medical Records** 17c. **303 E. Superior 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.
Immediate Cause (Final disease or condition resulting in death) (a) **SEPSIS/MULTISYSTEM ORGAN FAILURE**
DUE TO, OR AS A CONSEQUENCE OF (b) _____
DUE TO, OR AS A CONSEQUENCE OF (c) _____
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.

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

DATE OF OPERATION, IF ANY MAJOR FINDINGS OF OPERATION
20a. _____ 20b. _____
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 (MONTH, DAY, YEAR)
21a. **9-16-95** 21b. **YES** 21c. **9:27 AM**

TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.
22a. SIGNATURE **[Signature]** 22b. **9-16-95**
NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) ILLINOIS LICENSE NUMBER
22c. **710 FAIRBANKS COURT CHICAGO IL 60611** 22d. **125-031095**

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. **JAMES APOSTOL MD**

BURIAL, CREMATION, REMOVAL (SPECIFY) CEMETERY OR CREMATORY - NAME LOCATION CITY OR TOWN STATE DATE (MONTH DAY YEAR)
24a. **BORIAL** 24b. **Chapel Lawn Cem.** 24c. **Schweierville** 24d. **Sept 1995**

FUNERAL HOME NAME STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE
25a. **Preferred Services 690 North Ave Oak Park Ill.**

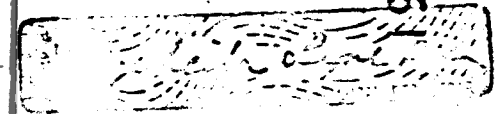
FUNERAL DIRECTOR'S SIGNATURE LOCAL REGISTRAR'S SIGNATURE
25b. **[Signature]** 25c. **034-010513**
26a. **Sheila Lyne, RSM** 26b. **SEP 19 1995**

DATE FILED BY LOCAL REGISTRAR (MONTH DAY YEAR)
26b. **SEP 19 1995**

STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO

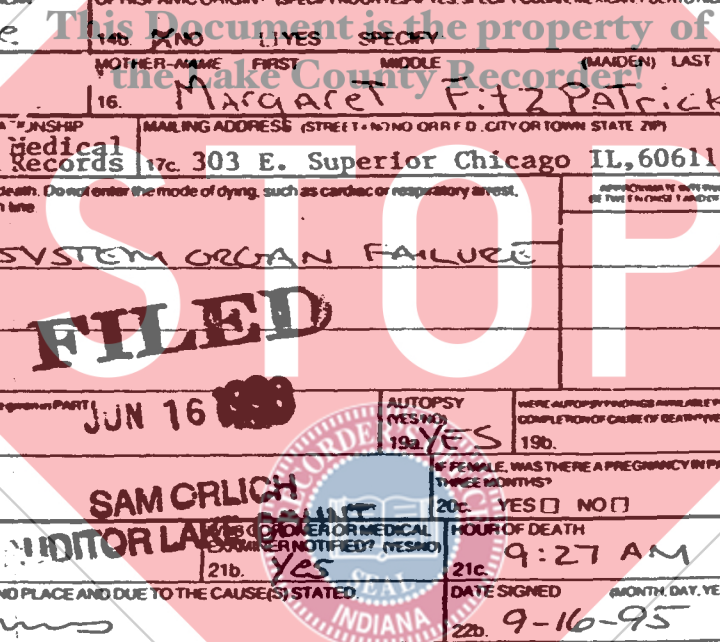
SEP 9 1995

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.
STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
98 JUN 16 AM 11:49
MORRIS W. CARTER
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DEPARTMENT OF HEALTH - CITY OF CHICAGO