

STATE OF ILLINOIS

DEPARTMENT OF PUBLIC HEALTH DIVISION OF VITAL RECORDS  
LAKE COUNTY  
FILED FOR RECORD

ORIGINAL 99064649

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STATE OF ILLINOIS 99 AUG 3 PM 1:28

STATE FILE NUMBER 65-06119

MEDICAL CERTIFICATE OF DEATH  
MURKIN V. CARTER  
REGISTRATION DISTRICT NO 16.92 REGISTERED NUMBER 1366

PLACE OF DEATH STATE ILLINOIS COUNTY COOK  
REGISTRATION DISTRICT NO 16.92 COUNTY Lake  
[ ] INSIDE corporate limits and in City, Village, or Incorporated Town  
[X] INSIDE corporate limits and in City, Village, or Incorporated Town Gary

OUTSIDE corporate limits and in Township name PROVISO LENGTH OF STAY IN IC OR IJ 0-0-15  
OUTSIDE corporate limits and in Township name ROAD DISTRICT NO 54 Years

NAME OF HOSPITAL OR INSTITUTION VETERANS ADM., HINES, ILL. LENGTH OF STAY IN IC OR IJ 0-0-15  
RESIDENCE ADDRESS (Street & No. or R.F.D. and Post Office) 2585 Monroe

NAME OF DECEASED a. (FIRST) WILLIE b. (MIDDLE) c. (LAST) HOLSTON  
4. DATE OF DEATH (MONTH) (DAY) (YEAR) 11 2 65

SEX Male 6 RACE Negro 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) Married 8. DATE OF BIRTH 12-17-96 9. AGE (in years last birthday) 68

10. USUAL OCCUPATION Laborer 10b. KIND OF BUSINESS OR INDUSTRY Unknown 11. BIRTHPLACE (City and state or foreign country) Mississippi 12. Citizen of what country? Us.

3. FATHER'S FULL NAME Charlie Holston Deceased 14. MOTHER'S FULL MAIDEN NAME Elmira Johnson Deceased

5. Was deceased ever in U. S. Armed Forces? et. no. or unknown) (Give war or dates of service) Yes World War 1 16. SOCIAL SECURITY NUMBER 313-07-7907 17. INFORMANT a. SIGNATURE Peter A. Jennings, Chief, Reg. Div.

1. MEDICAL CAUSE OF DEATH PART I. DEATH WAS CAUSED BY. (Enter only one cause per line for (A), (B) and (C)) IMMEDIATE CAUSE (A) Acute myocardial infarction

Conditions, if any, which gave rise to the above IMMEDIATE CAUSE (A), stating the UNDERLYING cause last. due to (B) due to (C) INTERVAL BETWEEN ONSET AND DEATH Unknown.

ART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL CONDITION GIVEN IN PART I(A). 20. AUTOPSY? YES [X] NO [ ]

9a. DATE OF OPERATION, IF ANY 19b. MAJOR FINDINGS OF OPERATION

NOTE: If an injury was involved in this death, the Coroner must be notified.

1. I hereby certify that I attended the deceased from Oct. 18, 1965 to Nov. 2, 1965, that I last saw the deceased alive on Nov. 2, 1965, and death occurred at 3:00 A.M. from the causes and on the date stated above.

Signature A. Selassie M.D. Date 11-2-65 Illinois License No. Permit

Address HINES, ILL. FI 3-7200 Phone L.C. Currier

2. DISPOSITION: BURIAL REMOVAL CREMATION Date 11-6-65 23. FUNERAL DIRECTOR SIGNATURE SMITH + BIZZELL  
CEMETERY OAK HILL CEMETERY ADDRESS 2245 WASH. ST. GARY IND. 1087 No. 9397

4. Received for NOV 2 1965 (Signed) Fred J. Rose FOREST PARK, ILLINOIS LOCAL REGISTRAR

DATE ISSUED STEVEN L. PERRY DEPUTY STATE REGISTRAR

JUL 07 1999

00180

T. BRANKS

0786 900



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

25 X 17