

REGISTRATION DISTRICT NO 16.10  
REGISTERED NUMBER

STATE OF ILLINOIS

STATE FILE NUMBER

MEDICAL CERTIFICATE OF DEATH 614240

STATE OF ILLINOIS  
COUNTY OF COOK  
CITY OF CHICAGO

AUG 21 1996

I, SHEILA LYNE, RSM, 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.

DEPARTMENT OF PUBLIC HEALTH  
STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

1 DECEASED NAME: MARION D. FERRELL, SEX: MALE, DATE OF DEATH: AUGUST 18, 1996

2 COUNTY OF DEATH: COOK, AGE: 57, DATE OF BIRTH: JANUARY 5, 1939

3 CITY/TOWN/TWP OR ROAD DISTRICT NUMBER: CHICAGO, HOSPITAL OR OTHER INSTITUTION: THE UNIVERSITY OF CHICAGO HOSPITALS

4 BIRTHPLACE: BUTLER CO., KY, MARRIED: MARRIED, NAME OF SURVIVING SPOUSE: SPAM VANDILER, WAS DECEASED EVER IN US ARMED FORCES?: YES

5 SOCIAL SECURITY NUMBER: 403-50-0772, USUAL OCCUPATION: TRUCK DRIVER, KIND OF BUSINESS OR INDUSTRY: TRUCKING, EDUCATION: COLLEGE

6 RESIDENCE: 2322 SHERMAN, CITY/TOWN/TWP OR ROAD DISTRICT NO.: GARY, INSIDE CITY: YES, COUNTY: LAKE

7 FATHER NAME: CLYDE FERRELL, MOTHER NAME: LEANOR BENTON

8 INFORMANT'S NAME: JOHNNIE STONE, RELATIONSHIP: HOSPITAL, MAILING ADDRESS: 5841 SOUTH MARYLAND AVENUE, CHICAGO, ILLINOIS 60637

9 IMMEDIATE CAUSE: (a) CHRONIC LYMPHOCYTIC LEUKEMIA, BONE MARROW FAILURE; (b) STEVENS - JOHNSON SYNDROME; (c) MULTIPLE ORGAN SYSTEM FAILURE

10 DATE OF OPERATION: AUGUST 18, 1996, MAJOR FINDINGS OF OPERATION: NO, IF FEMALE WAS THERE A PREGNANCY IN PAST THREE MONTHS: NO

11 SIGNATURE: H.J. KIM, MD, CHICAGO, ILLINOIS 60637, HOUR OF DEATH: 12:12 A.M.

12 BURIAL: BURIAL, CEMETERY: NEW SALEM Cem, LOCATION: NORTONVILLE, KY., DATE: AUG. 22, 1996

13 FUNERAL HOME: REFERRED SERVICES, 6938W. North Ave. Chicago, IL. 60635, FUNERAL DIRECTOR'S SIGNATURE: Edward F. Yarker, LICENSE NUMBER: 034-010513

14 LOCAL REGISTRAR'S SIGNATURE: Sheila Lyne, RSM, DATE FILED: AUG 20 1996

FILED

99 AUG 11 PM 3:5  
SHEILA LYNE  
RECORDER

THIS CERTIFIED COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.

00236

9.00 P.M.  
CS