

CERTIFICATION OF VITAL RECORD

STATE OF ILLINOIS

2000 001538

2000 JAN - 7 AM 11:10

DEPARTMENT OF PUBLIC HEALTH - DIVISION OF VITAL RECORDS

MORRIS W. CARTER
RECORDER

FILL IN WITH TYPEWRITER OR LEGIBLE PRINTING

ORIGINAL

STATE OF ILLINOIS

STATE FILE NUMBER 66-005943

MEDICAL CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. 16.92 REGISTERED NUMBER 102

DECEDENT'S BIRTH NO.		MEDICAL CERTIFICATE OF DEATH		STATE FILE NUMBER 66-005943	
1. PLACE OF DEATH a. STATE ILLINOIS		b. COUNTY COOK		2. USUAL RESIDENCE (Where deceased lived, if institution, residence before admission) a. STATE Indiana b. COUNTY Lake	
c. <input type="checkbox"/> INSIDE corporate limits and in City, Village, or Incorporated Town		c. <input type="checkbox"/> INSIDE corporate limits and in City, Village, or Incorporated Town Hammond		d. <input type="checkbox"/> OUTSIDE corporate limits and in Township name Unknown	
d. <input checked="" type="checkbox"/> OUTSIDE corporate limits and in Township name PROVISOR		e. LENGTH OF STAY IN II 0-1-27		f. LENGTH OF RESIDENCE AT 2c or 2d Unknown	
3. NAME OF HOSPITAL OR INSTITUTION VETERANS ADM., HINES, ILL.		g. LENGTH OF STAY IN II 0-1-27		i. RESIDENCE ADDRESS (Street & No. or R.F.D. and Post Office) 5629 Sohl Street	
h. If not in hospital or institution, give Street & No. or R.F.D. and Post Office		j. Did decedent reside ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		4. DATE OF DEATH (MONTH) (DAY) (YEAR) 1 23 66	
5. SEX Male		6. RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) Married	
8. NAME OF DECEASED CHARLES O. LAWRENCE		9. DATE OF BIRTH 4-21-03		10. AGE (in years; last birthday) 62	
10a. USUAL OCCUPATION Mechanic		10b. KIND OF BUSINESS OR INDUSTRY Garage		11. BIRTHPLACE (City and state or foreign country) Bethalto, Illinois	
12. Citizen of what country? U.S.		13. FATHER'S FULL NAME John Lawrence (Deceased)		14. MOTHER'S FULL MAIDEN NAME Mary Leverette (Deceased)	
15. Was deceased ever in U. S. Armed Forces? (Yes, no, or unknown) (Give war or dates of service) Yes World War II		16. SOCIAL SECURITY NUMBER 306 10 1978		17. INFORMANT a. SIGNATURE Peter A. Jennings, Chief, Reg. Div.	
18. MEDICAL CAUSE OF DEATH		b. ADDRESS HINES, ILL. FI 3-7200		c. RELATIONSHIP TO DECEASED Hospital records	
PART I. DEATH WAS CAUSED BY. (Enter only one cause per line for (A), (B), and (C).) IMMEDIATE CAUSE (A) Acute Diffuse Peritonitis		CONDITIONS, if any, which gave rise to the above IMMEDIATE CAUSE (A), stating the UNDERLYING cause last.		INTERVAL BETWEEN ONSET AND DEATH Unknown	
due to (B) Cirrhosis of the Liver		due to (C) -		Unknown	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL CONDITION GIVEN IN PART (A). -		19a. DATE OF OPERATION, if any -		19b. MAJOR FINDINGS OF OPERATION -	
19c. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		NOTE: If an injury was involved in this death, the Coroner must be notified.			
21. I hereby certify that I attended the deceased from Nov. 26 1965 to Jan. 23 66, that I last saw the deceased alive on Jan. 23 1966 and death occurred at 2:10 P.M. from the causes and on the date stated above.		Signature: Charles Osadjan, M.D. HINES, ILL. FI 3-7200		Date: 1-23-66 Illinois License No. 36-39825	
22. DISPOSITION: BURIAL, REMOVAL, CREMATION Date: 1-26-66 CEMETERY: Copeland Cemetery LOCATION: Hammond, Indiana		23. FUNERAL DIRECTOR SIGNATURE: Alden V. LaHayne ADDRESS: 5746 Hammond, Ind. License No. 2013			
24. Received for filing on JAN 24 1966 (Signed) Fred S. Rose		FOREST PARK ILLINOIS		CAL REGISTRAR	

U. S. Standard Certificate of Death
V S 200 - BUREAU OF STATISTICS - ILLINOIS DEPARTMENT OF PUBLIC HEALTH

FILED

JAN 07 2000

PETER BENJAMIN
LAKE COUNTY AUDITOR

STEVEN L. PERRY
DEPUTY STATE REGISTRAR

9:50
m
CASH

Marion L. Lawrence
5629 Sohl
Hammond, In. 46320

065563

This is to certify that this is a true and correct copy of the official record filed with the Illinois Department of Public Health.

DATE ISSUED

NOV 17 1999 00281

