

H NO. REGISTRATION DISTRICT NO. 16.10 REGISTERED NUMBER

STATE OF ILLINOIS

STATE FILE NUMBER 613037

MEDICAL CERTIFICATE OF DEATH

STATE OF ILLINOIS COUNTY OF COOK CITY OF CHICAGO

610-5 2/5 6

DECEASED-NAME FIRST MIDDLE LAST SEX DATE OF DEATH (MONTH, DAY, YEAR) 1. MARGARET WATKINS SAFFELL 2. FEMALE 3. AUGUST 10, 1998

COUNTY OF DEATH AGE-LAST BIRTHDAY (YRS) UNDER 1 YEAR UNDER 1 DAY DATE OF BIRTH (MONTH, DAY, YEAR) 4. COOK 5a. 74 5b. 5c. 5d. AUGUST 7, 1923

CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 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) 7. Chattanooga, TN. 8a. Married 8b. James Thomas Saffell 9. No

SOCIAL SECURITY NUMBER USUAL OCCUPATION KIND OF BUSINESS OR INDUSTRY EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) 10. 413 30 4401 11a. Clerical 11b. Government 12. 12

RESIDENCE (STREET AND NUMBER) CITY, TOWN, TWP, OR ROAD DISTRICT NO. INSIDE CITY COUNTY 13a. 6667 FOREST AVENUE 13b. GARY 13c. NO 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. 46403 14a. BLACK 14b. NO

FATHER-NAME FIRST MIDDLE LAST MOTHER-NAME FIRST MIDDLE (MAIDEN) LAST 15. Carter J. Watkins 16. Rena M. Chambers

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. 244 WEST MONTROSE AVENUE 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. (a) Respiratory failure (b) Lung Cancer

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I. AUTOPSY (YES/NO) 19a. 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) WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) HOUR OF DEATH 21a. 8/10/98 21b. No 21c. 08:44 A

TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED. DATE SIGNED (MONTH, DAY, YEAR) 22a. SIGNATURE 22b. 8/12/98

NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) ILLINOIS LICENSE NUMBER 22c. DR. SYED AKBARULLAH CALIFORNIA AVENUE/15th STREET CHICAGO ILLINOIS 60608 22d. 036 084361

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.

BURIAL, CREMATION, REMOVAL (SPECIFY) CEMETERY OR CREMATORY-NAME LOCATION CITY OR TOWN STATE DATE (MONTH, DAY, YEAR) 24a. Burial 24b. Chattanooga National Cem. 24c. Chattanooga, Tennessee 24d. Aug. 17, 1998

FUNERAL HOME STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE ZIP 25a. ALTERNATIVE SERVICES 9501 WEST DEVON ROSEMARY IL 600

FUNERAL DIRECTOR'S SIGNATURE FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 25b. Ernest Severino Jr. 25c. 034-016789

LOCAL REGISTRAR'S SIGNATURE DATE FREED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) 26a. Sheila Lyne RSM 26b. 11 14 1998

JAN 31 2000

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 ORDINANCE OF SAID LAW AND ORDINANCES.

DEPARTMENT OF PUBLIC HEALTH CITY OF CHICAGO 2000 016311 STATE OF INDIANA LAKE COUNTY FILED RECORD 2000 MAR 09 9:22

Signature of Sheila Lyne RSM, Local Registrar



THIS CERTIFICATE COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.

1/1/99 (Rev. 5/89)

Illinois Department of Public Health—Division of Vital Records

(BASED ON 1989 U.S. STANDARD CERTIFICATE)