

REGISTRATION DISTRICT NO

REGISTERED NUMBER

16.10

STATE OF ILLINOIS

STATE FILE NUMBER

614218

MEDICAL CERTIFICATE OF DEATH

LTC 00-01011

DECEASED-NAME 1 EDNA JACKSON		SEX FEMALE	DATE OF DEATH (MONTH, DAY, YEAR) SEP 2-1998
COUNTY OF DEATH 4 COOK	AGE-LAST BIRTHDAY (YRS) 5a 61	UNDER 1 YEAR 5b	DATE OF BIRTH (MONTH, DAY, YEAR) 5c June 12-1937
CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER 6a CHICAGO	HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 6b GURLANDY OF RESURRECTION HOSP		IF HOSP. OR INST. INDICATE D O A, OP, EMER, RM, INPATIENT (SPECIFY) 6c NR
BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) 7	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 8a MARRIED	NAME OF SURVIVING SPOUSE (MAIDEN NAME IF WIFE) 8b TYRONE L. JACKSON	WAS DECEASED EVER IN U S ARMED FORCES? (YES/NO) 9 NO
SOCIAL SECURITY NUMBER #16-58-9633	USUAL OCCUPATION Automation	KIND OF BUSINESS OR INDUSTRY Ford Motor Co	EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) Elementary, Secondary (0-12) College (11-4 or 5+)
RESIDENCE (STREET AND NUMBER) 13a 260 ROOSEVELT ST	CITY, TOWN, TWP. OR ROAD DISTRICT NO. 13b GARY	INSIDE CITY (YES/NO) 13c YES	COUNTY 13d WAKE
STATE INDIANA	ZIP CODE 46404	RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) 14a BLACK	OF HISPANIC ORIGIN? (SPECIFY NO OR YES. IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.) 14b NO
FATHER-NAME FIRST MIDDLE LAST 15 GILES MONTGOMERY	MOTHER-NAME FIRST MIDDLE LAST JUANITA BATTER	INFORMANT'S NAME (TYPE OR PRINT) 17 TYRONE L JACKSON	
RELATIONSHIP HUSBAND		MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) 260 ROOSEVELT ST GARY, IN 46404	
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) METASTATIC CARCINOMA OF THE STOMACH (MD)		
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.	(b) DUE TO, OR AS A CONSEQUENCE OF		
	(c) DUE TO, OR AS A CONSEQUENCE OF		
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I		AUTOPSY (YES/NO) 19a NO	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO) 19b
DATE OF OPERATION, IF ANY 20a	MAJOR FINDINGS OF OPERATION 20b	IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? 20c YES <input type="checkbox"/> NO <input type="checkbox"/>	
I (DID) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON 21a 8/30/98	WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) 21b NO	HOUR OF DEATH 21c 10:52 P M.	
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) 22b SEP 3-98	
22a SIGNATURE NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)	22c DR. SHAH 5511 1/2 W. MONTROSS CHICAGO ILL		ILLINOIS LICENSE NUMBER 22d 036-052055
22b 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.		
BURIAL OR CREMATION, REMOVAL (SPECIFY) 24a	CEMETERY OR CREMATORY-NAME 24b EVERGREEN	LOCATION CITY OR TOWN STATE 24c STUBART INDIANA	DATE (MONTH, DAY, YEAR) 24d 9/8/98
FUNERAL HOME NAME 25a PARKER MONTGOMERY	STREET AND NUMBER OR R.F.D. 9900 S. THORNTON	CITY OR TOWN STATE CHICAGO ILL 60643	FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 25c 034009004
FUNERAL DIRECTOR'S SIGNATURE 25b	LOCAL REGISTRAR'S SIGNATURE 26a SHEILA LYNE		DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) 26b SEP 04 1998

STATE OF ILLINOIS LAWYERS TITLE INS. CORP. COUNTY OF COOK ONE PROFESSIONAL CENTER CITY OF CHICAGO

SUITE 215 CROWN POINT, IN 46307

SEP 17 1998

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 LAWS AND ORDINANCES.

CITY OF CHICAGO DEPARTMENT OF PUBLIC HEALTH

FILED

MAR 24 2000

PETER BENJAMIN LAKE COUNTY AUDITOR

THIS CERTIFIED COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.

1589

9:52 PM 2/4