

REGISTRATION DISTRICT NO. **16.10**  
 REGISTERED NUMBER

STATE OF ILLINOIS

STATE FILE NUMBER

**MEDICAL CERTIFICATE OF DEATH**

**603126**

1. <b>CARLOS CAMARENA</b>		SEX 2. <b>MALE</b>	DATE OF DEATH (MONTH, DAY, YEAR) 3. <b>FEBRUARY 20, 1993</b>
4. <b>COOK</b>		DATE OF BIRTH (MONTH, DAY, YEAR) 5d. <b>December 17, 1926</b>	
6a. <b>Chicago</b>		6b. <b>UNIVERSITY OF CHICAGO HOSPITALS</b>	
6c. <b>INPATIENT</b>		9. <b>No</b>	
10. <b>555-38-6628</b>		11a. <b>Welder</b>	
11b. <b>industry</b>		12. <b>3</b>	
13a. <b>8817 Waymond st</b>		13b. <b>Highland</b>	
13c. <b>Indiana</b>		13d. <b>lake</b>	
14a. <b>Mexican</b>		14b. <input checked="" type="checkbox"/> <b>YES</b>	
15. <b>Rafael Camarena</b>		16. <b>Maria</b>	
17a. <b>MARILYN DAWSON</b>		17c. <b>CHICAGO, ILLINOIS 60637</b>	
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) <b>INTRACRANIAL HEMORRHAGE</b>			
(b) <b>CHRONIC MYELOMONOCYTIC LEUKEMIA</b>			
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.			
20a. DATE OF OPERATION, IF ANY		20b. MAJOR FINDINGS OF OPERATION	
21a. <b>FEBRUARY 20, 1993</b>		21b. <b>NO</b>	
22a. <b>Timothy M. Lestingi, M.D.</b>		22b. <b>FEBRUARY 20, 1993</b>	
22c. <b>TIMOTHY LESTINGI, MD 5841 MARYLAND CHICAGO, ILLINOIS 60637</b>		22d. <b>036-082276</b>	
23. <b>JON M. RICHARDS, MD</b>		24a. <b>Burial</b>	
24b. <b>Holy Cross Cemetery</b>		24c. <b>Calumet City, Ill.</b>	
24d. <b>Feb. 24, 1993</b>		25a. <b>Elmwood Chapel</b>	
25b. <b>[Signature]</b>		25c. <b>034012343</b>	
26a. <b>[Signature]</b>		26b. <b>FEB 21 1993</b>	

*Rose Marie Camarena*  
 - 8817 Waymond Ave  
 Highland 46322

STATE OF ILLINOIS  
 COUNTY OF COOK  
 CITY OF CHICAGO

I, VIRGINIA L. PARKER, M.A. 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.

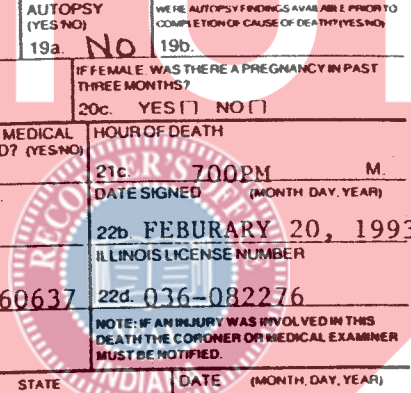
**FILED**

**PETER BENJAMIN**  
 COUNTY AUDITOR

THIS CERTIFIED COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.

2000 027988

DEPARTMENT OF HEALTH - CITY OF CHICAGO



900  
 su  
 cs