

1 NO. REGISTRATION DISTRICT NO. 16.10	STATE OF ILLINOIS		STATE FILE NUMBER 611554
REGISTERED NUMBER	MEDICAL CERTIFICATE OF DEATH		
DECEASED-NAME FIRST MIDDLE LAST 1. Raymond Townsend	SEX 2 Male	DATE OF DEATH (MONTH, DAY, YEAR) 3 July 19, 1998	
COUNTY OF DEATH 4 Cook	AGE-LAST BIRTHDAY (YRS) 5a 73	UNDER 1 YEAR MOS. DAYS 5b	UNDER 1 DAY HOURS MIN. 5c
CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER 6a Chicago	HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 6b University of Illinois Hospital		IF HOSP. OR INST. INDICATE D.O.A. OPENER, P.M. INPATIENT (SPECIFY) 6c Inpatient
BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) 7. ZIEGLER, ILL.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 8a Married	NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) 8b. Ruth MARY TOWNSEND	
SOCIAL SECURITY NUMBER 10. 313-20-9093	USUAL OCCUPATION 11a PIPEFITTER	KIND OF BUSINESS OR INDUSTRY 11b. POWER SUPPLY	EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) Elementary; Secondary (0-12) College (1-4 or 5-) 12. 12
RESIDENCE (STREET AND NUMBER) 13a. 2615 Autumn Dr.	CITY, TOWN, TWP. OR ROAD DISTRICT NO. 13b. Crown point	INSIDE CITY (YES/NO) 13c. YES	COUNTY 13d. LAKE
STATE 13e. Indiana	ZIP CODE 13f. 46307	RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) 14a. White	OF HISPANIC ORIGIN? (SPECIFY NO OR YES-IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.) 14b. NO
FATHER-NAME FIRST MIDDLE LAST 15. JAMES TOWNSEND	MOTHER-NAME FIRST MIDDLE LAST (MAIDEN) 16. Rose Lidster	INFORMANT'S NAME (TYPE OR PRINT) 17a. Carmen Solis	
RELATIONSHIP 17b. Hospital Records	MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) 17c. 1740 W. Taylor, Chgo., Il. 60612		
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) Acute Myeloid Leukemia	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 1 1/2 yrs.	
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.	(b)		
	(c)		
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.			
DATE OF OPERATION, IF ANY 20a.	MAJOR FINDINGS OF OPERATION 20b.	AUTOPSY (YES/NO) 19a. NO	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO) 19b.
(1) (DID) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON 21a. July 19, 1998	WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) 21b. NO	IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? 20c. YES NO	
TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.			
22a. SIGNATURE Wendy Stock	DATE SIGNED (MONTH, DAY, YEAR) 22b. July 20, 1998	HOUR OF DEATH 21c. 5:35 A.M.	
NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) 22c. Wendy Stock 1740 W. Taylor Chgo. Il. 60612	ILLINOIS LICENSE NUMBER 22d. 36-075340	NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) 23. Wendy Stock M.D., (Dept. of Medicine)			
BURIAL, CREMATION, REMOVAL (SPECIFY) 24a. BURIAL	CEMETERY OR CREMATORY-NAME 24b. CHAPEL LAWN MEM. GRDS.	LOCATION CITY OR TOWN STATE 24c. SCHERERVILLE, INDIANA	DATE (MONTH, DAY, YEAR) 24d. 7-22-98
FUNERAL HOME NAME 25a. MRAZEK & RUSS FUNERAL SERVICE 3601 W. DIVERSEY CHICAGO, ILLINOIS 60647	FUNERAL DIRECTOR'S SIGNATURE 25b. [Signature]		
FUNERAL DIRECTOR'S SIGNATURE 25a. MRAZEK & RUSS FUNERAL SERVICE 3601 W. DIVERSEY CHICAGO, ILLINOIS 60647	FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 25c. 034-014579		
LOCAL REGISTRAR'S SIGNATURE 26a. [Signature]	DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) 26b. JUL 21 1998 [Signature]		

STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO

JUL 21 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 PURSUANCE OF SAID LAWS AND ORDINANCES.

Return to Ruth Townsend
418 Hilberich Dr.
Schererville IN 46037

037966

2000 MAY 31

STATE OF ILLINOIS
LAKE COUNTY
FILED FOR

MORRIS W. CAMPBELL
RECORDED

SHEILA LYNE
LOCAL REGISTRAR

THIS CERTIFIED COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.

CITY OF CHICAGO
DEPARTMENT OF PUBLIC HEALTH

20-13-0297-0025

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