

DECEDENT'S BIRTH NO.

REGISTRATION DISTRICT NO. 160

STATE OF ILLINOIS

STATE FILE NUMBER

REGISTERED NUMBER

MEDICAL CERTIFICATE OF DEATH

Type or Print in PERMANENT INK See Funeral Directors, Hospital, or Physicians Handbook for INSTRUCTIONS

1. DECEASED-NAME FIRST MIDDLE LAST Gilbert A. Hoffman SEX 2. Male DATE OF DEATH (MONTH, DAY, YEAR) 3. October 16, 1994

4. COUNTY OF DEATH Cook AGE-LAST BIRTHDAY (YRS) 5a. 77 UNDER 1 YEAR UNDER 1 DAY DATE OF BIRTH (MONTH, DAY, YEAR) 5d. JULY 12, 1917

6a. City, Town, Twp. or Road District Number Lyons Township 6b. Hospital or Other Institution Name (If Not in Either, Give Street and Number) Suburban Hospital 6c. Inpatient

7. DECEASED BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) 7. Dyer, Indiana MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 8a. Married NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) 8b. Donald D. King WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO) 9. Yes

10. SOCIAL SECURITY NUMBER 314-09-7167 11a. BUSINESSMAN USUAL OCCUPATION 11b. Retail KIND OF BUSINESS OR INDUSTRY 12. Education (Specify Only Highest Grade Completed) Elementary, Secondary (9-12) College (1-4 or 5-)

13a. RESIDENCE (STREET AND NUMBER) 940 Quinn Place 13b. Dyer CITY, TOWN, TWP. OR ROAD DISTRICT NO. 13c. Yes INSIDE CITY (YES/NO) 13d. Lake COUNTY

13e. Indiana STATE 13f. 46311 ZIP CODE 14a. White RACE (WHITE, BLACK, AMERICAN INDIAN etc.) (SPECIFY) 14b. X NO OF HISPANIC ORIGIN? (SPECIFY NO OR YES-IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN etc.)

PARENTS FATHER-NAME FIRST MIDDLE LAST 15. Leo Hoffman MOTHER-NAME FIRST MIDDLE LAST (MAIDEN) LAST 16. Lena Bohling

INFORMANT'S NAME (TYPE OR PRINT) 17a. Donald D. Hoffman RELATIONSHIP 17b. Wife MAILING ADDRESS (STREET AND NO OR R.F.D., CITY OR TOWN, STATE, ZIP) 17c. 940 Quinn Pl.; Dyer, IN. 46311

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) CHRONIC OBSTRUCTIVE PULMONARY DISEASE (b) DUE TO, OR AS A CONSEQUENCE OF (c) CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I. CHRONIC OBSTRUCTIVE PULMONARY DISEASE 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 NO

21a. (DID/DID NOT) ATTEND THE DECEASED (MONTH, DAY, YEAR) AND LAST SAW HIM/HER ALIVE ON 10/15/94 WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) 21b. Yes HOUR OF DEATH 21c. 12:10 A.M.

22a. SIGNATURE NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) DATE SIGNED (MONTH, DAY, YEAR) 22b. 10/16/94

22c. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) ILLINOIS LICENSE NUMBER 22d. 072899

23. BURIAL, CREMATION, REMOVAL (SPECIFY) 24a. Burial CEMETERY OR CREMATORY-NAME 24b. Momence Cemetery LOCATION 24c. Momence CITY OR TOWN STATE DATE (MONTH, DAY, YEAR) 24d. Oct. 20, 1994

FUNERAL HOME NAME STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE ZIP 25a. ELLISTON FUNERAL HOME 60 S. GRANT ST. HINSDALE IL 60521

FUNERAL DIRECTOR'S SIGNATURE 25b. (Edward Olenec) FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 25c. 034-10645

LOCAL REGISTRAR'S SIGNATURE (M.D.) DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) 26a. REGISTRAR Genevieve M. Urosor 26b. Oct. 17, 1994

VR200 (Rev. 5/89) Illinois Department of Public Health—Division of Vital Records (BASED ON 1969 U.S. STANDARD CERTIFICATE)

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for decedent named in item 1 and that this record was established and filed in my office accordance with the provisions of the Illinois statutes relating to the registration of births still births and deaths.

Date October 17, 1994 Signed Genevieve M. Urosor

PETER BENJAMIN, Chief Deputy Registrar As Cook County Department of Public Health LAKE COUNTY AUDITOR 1010 Lake Street, Suite 300, Oak Park, Illinois 60301

Donald R O'Dell P.O. BOX 128 LOWELL, IN 46354

2212 3857 9.00 AM

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