

DISTRICT NO. 16.10		REGISTERED NUMBER		MEDICAL CERTIFICATE OF DEATH		NUMBER 606445	
1. DECEASED NAME: CLARENCE WASHINGTON		SEX: 2. MALE		DATE OF DEATH (MONTH, DAY, YEAR): 3. APRIL 18, 1998			
4. COUNTY OF DEATH: COOK		AGE - LAST BIRTHDAY (YRS): 5a. 65		UNDER 1 YEAR: 5b.		UNDER 1 DAY: 5c.	
5. CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER: CHICAGO		HOSPITAL OR OTHER INSTITUTION NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER): 6b. VENCOR HOSPITAL CHICAGO NORTH		IF HOSP. OR INST. INDICATE D.O.A. OPERED, INPATIENT (SPECIFY): 6c. INPATIENT			
7. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY): MISS		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): 8a. MARRIED		NAME OF SURVIVING SPOUSE (Maiden Name, if wife): 8b. KINWA WIFE		WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO): 9. X	
10. SOCIAL SECURITY NUMBER: 728053050		USUAL OCCUPATION: Mechanic		KIND OF BUSINESS OR INDUSTRY: RAIL ROAD		EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED): 12. 3	
13a. RESIDENCE (STREET AND NUMBER): 1535 GEORGIA STREET		CITY, TOWN, TWP. OR ROAD DISTRICT NO.: 13b. GARY		INSIDE CITY (YES/NO): 13c. YES		COUNTY: 13d. LAKE	
13e. STATE: INDIANA		ZIP CODE: 46407		RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY): 14a. BLACK		OF HISPANIC ORIGIN? (SPECIFY NO OR YES - IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.): 14b. X NO	
15. FATHER NAME: ANTHONY WASHINGTON		MOTHER NAME: MARY THOMAS		16. MOTHER'S MARRIAGE (Maiden, Last)			
17a. INFORMANT'S NAME (TYPE OR PRINT): LAKEISHA HENCO		RELATIONSHIP: RECORDS		MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP): 2544 WEST MONTROSE AVENUE CHICAGO ILLINOIS 60618			
18. PART I. Enter all 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) Empyema		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 2 wks					
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST: (b) Respiratory failure		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 1 month					
PART II. Other significant conditions contributing to death but not resulting as the underlying cause given in PART I.							
DATE OF OPERATION, IF ANY: 20a.		MAJOR FINDINGS OF OPERATION: 20b.		AUTOPSY (YES/NO): 19a. NO		WAS AUTOPSY PERFORMED PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO): 19b.	
21a. I (DID) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON: 4/18/98		WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO): 21b.		HOUR OF DEATH: 21c. 7:55 P.M.			
22a. SIGNATURE: AKBARULLAH SYED		NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT): CHICAGO ILLINOIS 60608		DATE SIGNED (MONTH, DAY, YEAR): 4/19/98		ILLINOIS LICENSE NUMBER: 036084361	
22c. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER: AKBARULLAH SYED California Avenue at 15th Street		NOTE: IF AN INQUIRY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.					
24a. BURIAL, CREMATION, REMOVAL (SPECIFY): EVER GREEN		CEMETERY OR CREMATORY NAME: EVER GREEN		LOCATION: 24c. HOBART INDIAN		DATE (MONTH, DAY, YEAR): 24d. 4/25/98	
25a. FUNERAL HOME: DARKEE		NAME: DARKEE		STREET AND NUMBER OR R.F.D.: 9805 THROSP CHICAGO IL 60643		CITY OR TOWN: CHICAGO	
25b. FUNERAL DIRECTOR'S SIGNATURE: AKBARULLAH SYED		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER: 9009					
26a. LOCAL REGISTRAR'S SIGNATURE: Sheila Lyne		DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR): APR 20 1998					

#46-591-5
 STATE OF ILLINOIS
 COUNTY OF COOK
 CITY OF CHICAGO
 1535 Georgia
 APR 20 1998
 46408

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.

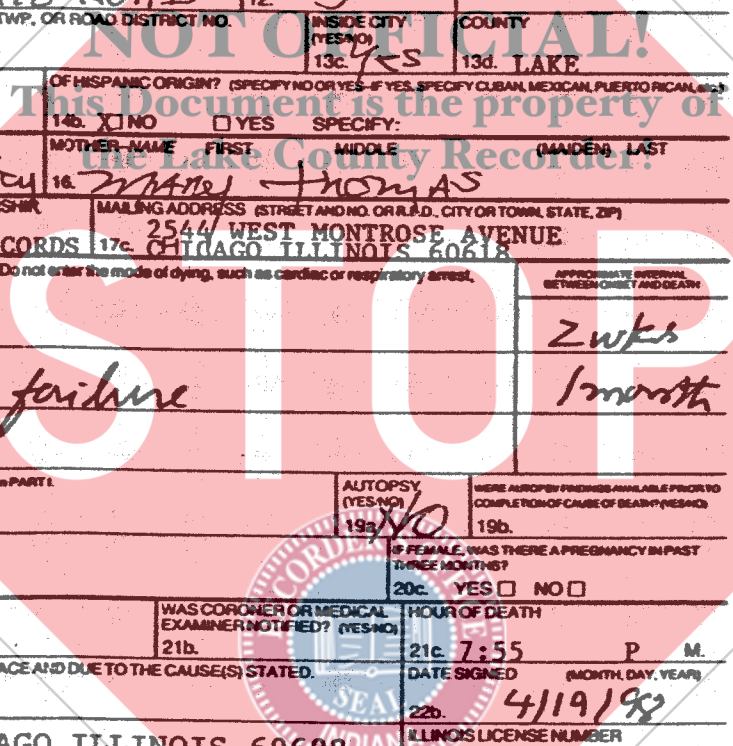
Sheila Lyne RSM
 FILED
 REGISTRAR

AUG 24 2000
 PETER BENJAMIN
 LAKE COUNTY AUDITOR

THIS CERTIFIED COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.

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Official Stamp

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LAKE COUNTY
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