22c. DR. ANIL KACHRU 15TH @ CALIFORNIA CHICAGO ILLINOIS 60608 TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED DATE OF OPERAZION, IF ANY BURIAL CREMATION, REMOVAL (SPECIFY)
248.CI emation CONDITIONS, IEANY
WHICH GIVE RISESTO
IMMEDIATE CAUSE (a)
STATING THE LIGHTERLYING
CAUSE LAST.

PART II. Other identificant contribiting contributing to death but not meanting in the underlying cause given in PART I. AR200 (Rev. 5/89) NAME AND ADDRESS OF CERTIFIER 4. COOK
CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER LOCAL REGISTRAR FUNERAL DIRECTOR'S SKINATURE 22a. SIGNATURE > AND LAST SAW HAWHER ALIVE ON NESIDENCE (STREET AND MUMBER) 7Memphis, Tenn COUNTY OF DEATH FUNERAL HOME INFORMANT'S NAME (TYPEORPRINT) DECEASED-NAME SOCIAL SECURITY NUMBER SHITHPLACE (CITY AND STATE OR NUMBER REGISTERED The day Robert 563 PENNSYLVANIA INDIANA Robinson Funeral Service 8745 S. ARISBETH PEREZ 2 0 Enter the diseases, or complications that caused the death. Do not enter the mode of dylerock, or heart failure. List only one cause on each line. ZIP CODE 131. 46404 24b. CEMETERY OR CREMATORY-NAME Turner DUE TO, OH AS A CONSEQUENCE OF MIDOLE FIRST Oakland Memory JAMES WARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) BaMarried MAJOR FINDINGS OF OPERATION HVY EQUIP OF USUAL OCCUPATION (TYPE OR PRINT) exim 11100 MEDICAL CERTIFICATE OF DEATH MONTH, DAY, YEAR) ols Department Or Public Helsith - Division of Vital Hecords RACE (WHITE, BLACK, AMERICAN NOIAN, MC.) (SPECIFY) 14a. BLACK AGE-LAST BIRTHDAY (YRS) 5a. 77 HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND MUMBER) MIDDLE STREET AND NUMBER OR R.F.D. VENCOR HOSPITAL CHICAGO NORTH Z <u>ಫ</u> CITY, TOWN, TWP, OR ROAD DISTRICT NO. as moun RELATIONSHIP 17b. RECORDS UNDER 1 YEAR UNDER 1 DAY "Universal Atlas KIND OF BUSINESS OR INDUSTRY GARY Louisa Williams TURNER LAST 41 BLEED 24c. LOCATION OF HISPANIC ORIGIN? (SPECIFY) NO OR YES - IF YES, SPECIFY CLISM, MEXICAN, PUERTORICAN, METHE CITY OF CHICAGO; THAT THE MOTHER-NAME ð Dolton, Illinois Leader 17c. **JOY SNITHYM** Commercial Chicago, Illinois CITY OF TOWN 21b. WAS CORONER OR MEDICAL EXAMINER NO KIFIED? (YESAKO) SEX CITY OR TOWN CORUNAR FHST MALE DYES SPECIFY: DATE OF BIRTH (MONTH, DAY, YEAR) EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED).
Elementary/Segongley (0-12) College (1-4 or 5+)
k(5). Š FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER SEPTEMBER 20, 1922 STATE MSIDE CITY 034-012114 MONTROSE AVENUE DATE OF DEATH (MONTH, DAY, YEAR) FEBRUARY 11,2000 20c. YES | NO | FFEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? 22d. 036089624 HOUR OF DEATH NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER INUST BE HOTIFIED. DATE SIGNED ILLINOIS LICENSE NUMBER (HEARTH FROM NUMBER OF THE BUTTER BOTT BOTT BOTT 226FEBRUARY 12, 2000 602998 13d. Lake OP/EMER. RM, INPATIENT (SPECIFY) COMPLETION OF CAUSE OF DEATHY ("ESMO) 248 eb 22, 2000 FIXED. DATE MONTH, DAY, YEAR) THIS CERTIFICATE COPY VALID WHEN LAPATIENT H. DAY, YEAH) 07:20 (MAIDEN) LAST WAS DECEASED EVER WULL SHEILA LYNE, RSM, LOCAL ARMED FORCEST (YESWITHER OF VITAL STATISTICS OF Turner (MONTH, DAY, YEAR) Yes P M. OF ILLINOIS AND THE ORDINANCES OF KEPT BY ME IN ORDINANCE OF SAID CERTIFY THAT I AM THE KEEPER OF ±HE CITY OF CHICAGO, DO HEREBY BY VIRTUE OF THE LAWS OF THE STATE CITY OF CHICAGO SHEET IS A TRUE COPY OF A RECORD AND DEATHS FOR THE CITY OF CHICAGO AW AND ORDINANCES. ACCOMPANYING CERTIFICATE ON THIS THE RECORDS OF BIRTHS, STILLBIRTHS STATE OF ILLINOIS LAKE COUNTY AUDITOR FEB 2 2 2000 600543= LOCAL REGISTRAR

> DEPARTMENT OF PUBLIC HEALTH CITY OF CHICAGO

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\SFD

BIRTH NO.

REGISTRATION 16, 10

STATE OF ILLINOIS

STATE FILE

TIFIER

25

25b.