

CITY OF CHICAGO
DEPARTMENT OF PUBLIC HEALTH

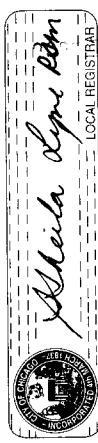
STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO

011200

02/20/40

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 ORDINANCE OF SAID LAW AND ORDINANCES.

2 013638



THIS CERTIFICATE COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.

000320
M.H.

STATE FILE NUMBER
615870

MEDICAL CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. **16.10**
REGISTERED NUMBER

DECEASED-NAME FIRST MIDDLE LAST SEX DATE OF DEATH (MONTH, DAY, YEAR)

1. **ROBIN SUSAN KOSIBA NEWSON** 2. **FEMALE** 3. **OCTOBER 9, 2000**

COUNTY OF DEATH DATE OF BIRTH (MONTH, DAY, YEAR)

4. **COOK** 5a. **57** 5b. **APRIL 14, 1943** 5c. **INPATIENT**

HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)

6a. **CHICAGO** 6b. **THE UNIVERSITY OF CHICAGO HOSPITALS**

BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE)

7. **GARY, INDIANA** 8a. **MARRIED** 8b. **WILLIAMSON T. NEWSON**

SOCIAL SECURITY NUMBER KIND OF BUSINESS OR INDUSTRY EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED)

10. **309-52-7675** 11a. **MEDICAL TECH.** 11b. **PHYSICIAN OFFICE**

RESIDENCE (STREET AND NUMBER) CITY, TOWN, TWP. OR ROAD DISTRICT NO. INSIDE CITY (YES/NO) COUNTY

13a. **264 HUNT CLUB DRIVE** 13b. **VALPARAISO** 13c. **YES** 13d. **PORTER**

STATE RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) 14b. NO YES SPECIFY: 14c. **WHITE**

13e. **INDIANA** 13f. **46385** 14a. **WHITE**

FATHER-NAME FIRST MIDDLE LAST MOTHER-NAME FIRST MIDDLE LAST (MAIDEN) LAST

15. **THEODORE U. KOSIBA** 16. **GEORGIA JORDON**

INFORMANT'S NAME (TYPE OR PRINT) MAILING ADDRESS (STREET AND CITY AND STATE, ZIP)

17a. **JOHNNIE STONE** 17b. **HOSPITAL** 17c. **CHICAGO, ILLINOIS 60637**

17d. **3841 SOUTH WYOMING AVENUE**

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.

Immediate Cause (Final disease or condition resulting in death) (a) **INCREASED INTRACRANIAL PRESSURE**

CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (b) **METASTATIC CANCER TO THE BRAIN**

CAUSE LAST. (c) **DUETO, OR AS A CONSEQUENCE OF**

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.

19a. **NO** 19b. **NO**

19c. **NO** 19d. **NO**

20a. DATE OF OPERATION, IF ANY MAJOR FINDINGS OF OPERATION 20b. **OCTOBER 9, 2000**

20c. **NO**

21a. (DID) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON **OCTOBER 9, 2000**

21b. **YES** 21c. **6:30 P. M.**

21d. **OCTOBER 10, 2000**

22a. SIGNATURE OF CERTIFIER (TYPE OR PRINT) NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) ILLINOIS LICENSE NUMBER

CHRISTOPHER CHIANG, MD 5841 SOUTH MARYLAND AVENUE CHICAGO, ILLINOIS 60637 **125-039124**

22b. **ROBERT L. MACDONALD**

23. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) LOCATION CITY OR TOWN STATE

ALTERNATIVE SERVICES INC. 205 S. RIVER ROAD **INDIANA**

24a. **GRACELAND CEMETERY** 24b. **VALPARAISO** 24c. **INDIANA**

24d. **200** 24e. **6**

25a. **ALTERNATIVE SERVICES INC. 205 S. RIVER ROAD** 25b. **INDIANA 60016**

25c. **034-012019** 25d. **24OCT. 13, 2000**

25e. **034-012019** 25f. **INDIANA**

26a. LOCAL REGISTRAR'S SIGNATURE DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)

Sheila Lyne RSM **OCT 11 2000**

