

STATE OF ILLINOIS  
**MEDICAL CERTIFICATE OF DEATH**

STATE FILE NUMBER 11

2002 042001

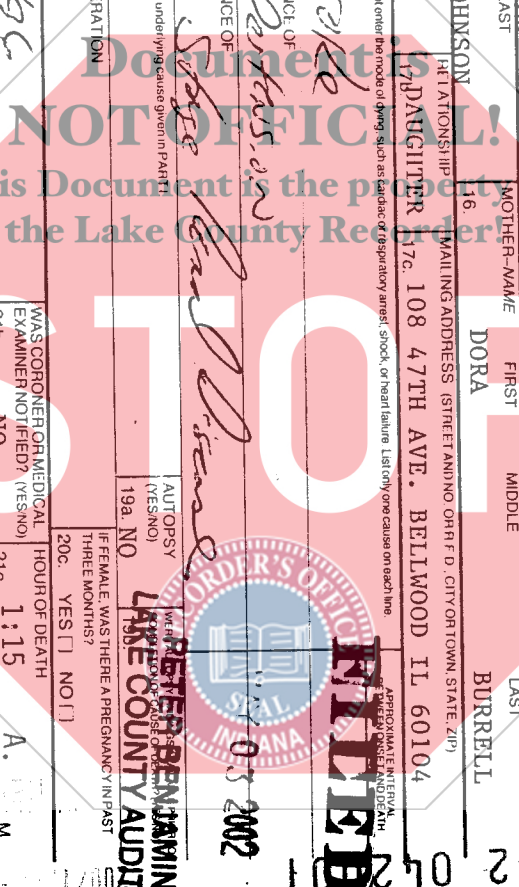
I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death and record for the decedent named in item 1 and that this record was established and filed in my office in accordance with the provisions of the Illinois statues relating to the registration of birth, stillbirths, and deaths.

DATE JANUARY 2, 1997  
 At Cook County Dept. of Public Health  
 1010 Lake Street  
 Oak Park, IL 60301

SIGNED Karelna Darrk  
 Official Title Chief Deputy Registrar

Mary Johnson  
 2340 Johnson St.  
 Gary IN 46407

REGISTRATION DISTRICT NO <u>160</u>	REGISTERED NUMBER	DECEASED NAME <b>JAMES JOHNSON</b>	FIRST MIDDLE LAST <b>JOHNSON</b>	SEX <b>MALE</b>	DATE OF DEATH <b>DECEMBER 31, 1996</b>
1. COUNTY OF DEATH <b>COOK</b>	2. CITY, TOWN, VILLAGE, OR ROAD DISTRICT NUMBER <b>95</b>	3. AGE- LAST BIRTHDAY (YRS) <b>70</b>	4. HOSPITAL OR OTHER INSTITUTION NAME (IF NOT IN EITHER GIVE STREET AND NUMBER)	5. DATE OF BIRTH (MONTH, DAY, YEAR) <b>3. OCTOBER 27, 1926</b>	6. IF HOSP. OR INST. INDICATED D.O.A. (OPT. IN H. OR INST. PATIENT) (SPECIFY)
7. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) <b>ELAINE, AR</b>	8. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)	9. NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE)	10. SOCIAL SECURITY NUMBER <b>425-50-1970</b>	11. KIND OF BUSINESS OR INDUSTRY <b>SELF-EMPLOYED</b>	12. EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) <b>Elementary/Secondary (0-12)</b>
13. RESIDENCE (STREET AND NUMBER) <b>22660 S. CICERO</b>	14. CITY, TOWN, OR ROAD DISTRICT NO. <b>11A EXCAVATOR</b>	15. CITY, TOWN, OR ROAD DISTRICT NO. <b>11B. SELF-EMPLOYED</b>	16. RESIDENCE (STREET AND NUMBER) <b>13A. 22660 S. CICERO</b>	17. CITY, TOWN, OR ROAD DISTRICT NO. <b>13B. RICHTON PARK</b>	18. COUNTY <b>COOK</b>
19. FATHER-NAME <b>JAMES JOHNSON</b>	20. MOTHER-NAME <b>ROSE TAYLOR</b>	21. MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) <b>17C. 108 47TH AVE. BELLWOOD IL 60104</b>	22. FATHER-NAME <b>JAMES JOHNSON</b>	23. MOTHER-NAME <b>ROSE TAYLOR</b>	24. LAST <b>BURRELL</b>
18. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying such as cardiac or respiratory arrest, stroke, or heart failure. List only one cause on each line. Immediate Cause (Final disease or condition resulting in death) (a) <u>Stroke</u> (b) <u>Apparatus on</u> (c) <u>Bad State Road Design</u> PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.					
20a. DATE OF OPERATION, IF ANY					
20b. MAJOR FINDINGS OF OPERATION					
21a. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE PLACE, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.					
22a. SIGNATURE <u>DR. CELINE</u>					
22b. NAME AND ADDRESS OF PHYSICIAN (TYPE AND PRINT) <u>DR. CELINE</u>					
22c. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CENTERER (TYPE AND PRINT)					
23. RITUAL CREMATION, REMOVAL (SPECIFY)					
24a. FUNERAL HOME					
24b. CEMETERY OR CREMATORY NAME					
24c. LOCATION					
24d. CITY OR TOWN					
24e. STATE					
24f. DATE (MONTH, DAY, YEAR)					
25a. FUNERAL DIRECTOR'S SIGNATURE <u>KAREN L. SCOTT, M.D.</u>					
25b. FUNERAL HOME					
25c. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER <u>034-011165</u>					
25d. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) <u>January 2, 1997</u>					
26a. REGISTRAR					



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