

CERTIFICATION OF VITAL RECORD

HARVEY, ILLINOIS

DISTRICT 16 34 LAKE COUNTY
FILED FOR RECORD

STATE OF ILLINOIS
2002 JUL 10 AM 9:07
MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER

DECEASED'S BIRTH NO. 2002 061285
REGISTRATION DISTRICT NO. 16 34
REGISTERED NUMBER

DECEASED-NAME FIRST MIDDLE LAST
1. ETHEL M. CARTER RECORDER FEMALE
DATE OF DEATH (MONTH, DAY, YEAR)
3 SEPTEMBER 3, 2001

2. COUNTY OF DEATH COOK
AGE- LAST BIRTHDAY (YRS) 58
3. MO. 5b. DAYS 5c. HOURS MIN. DATE OF BIRTH (MONTH, DAY, YEAR)
5d. SEPTEMBER 18, 1942

4. CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER
6a. HARVEY
6b. INGALLS HOSPITAL
HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)
7. ELKHORN, KENTUCKY
8a. MARRIED
8b. JAMES T. COLEMAN
NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE)
9. NO
WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO)

10. SOCIAL SECURITY NUMBER 10228-58-0053
11a. HOMEMAKER
11b. OWN HOME
12. 0
EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED)
Elementary/Secondary (0-12) College (1-4 or 5+)

13a. 4340 SHEFFIELD AVENUE
13b. HAMMOND
RESIDENCE (STREET AND NUMBER) CITY, TOWN, TWP. OR ROAD DISTRICT NO.
13c. YES
13d. LAKE
INSIDE CITY (YES/NO) COUNTY

13e. INDIANA
13f. 46327
14a. WHITE
14b. NO YES SPECIFY:
OF HISPANIC ORIGIN? (SPECIFY NO OR YES-IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.)

15. ARSON BAKER
16. DOLLIE ADAMS
FATHER-NAME FIRST MIDDLE LAST MOTHER-NAME FIRST MIDDLE LAST (MAIDEN) LAST

17a. JAMES T. COLEMAN
17b. HUSBAND
17c. 4340 SHEFFIELD, HAMMOND, IN 46327
INFORMANT'S NAME (TYPE OR PRINT) RELATIONSHIP MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP)

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.
1. Lung CANCER
2. (a) DUE TO, OR AS A CONSEQUENCE OF
3. (b) DUE TO, OR AS A CONSEQUENCE OF
4. (c) DUE TO, 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
AUTOPSY (YES/NO) WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO)

20a. NO
20b. NO
20c. YES NO X
IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS?

21a. 9-3-01
21b. NO
21c. 1:36 PM M.
HOUR OF DEATH
DATE SIGNED (MONTH, DAY, YEAR)
22b. 9-4-01

22a. A. STARR M.D.
22c. 71 W 15th St. Suite 401 HARVEY IL
22d. 036096343
ILLINOIS LICENSE NUMBER
NOTE: IF AN INQUIRY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.

23. BURIAL, CREMATION, REMOVAL (SPECIFY)
24a. BURIAL
24b. LEAS Cemetery
24c. Clincho, VIRGINIA
24d. Sept 7, 2001
DATE (MONTH, DAY, YEAR)

25a. FRANK F. OPYT FUNERAL HOME 13350 S. BALTIMORE AVENUE, CHICAGO, IL 60633
25b. Frank Francis Stodder
25c. 034-12311
FUNERAL DIRECTOR'S SIGNATURE FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER

26a. Gwenolyn L. Davis
26b. 04 2001
LOCAL REGISTRAR'S SIGNATURE DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)

FILED

JUL 9 2002

PETER BENJAMIN LAKE COUNTY AUDITOR

CERTIFIED COPY OF VITAL RECORDS

I HEREBY CERTIFY THAT THE FOREGOING is a true and correct copy of the DEATH record for the individual named therein and that this record was established and filed in my office in accordance with the provisions of the ILLINOIS STATUTES relating to the registration of BIRTHS, STILLBIRTHS and DEATHS.

D10556

DATE ISSUED SEP 04 2001

ISSUED AT: CITY OF HARVEY 15320 SO. BROADWAY AVE. ILLINOIS 60426

Gwenolyn L. Davis LOCAL REGISTRAR

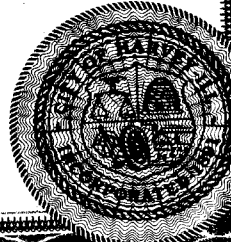
This copy not valid unless prepared on engraved border displaying seal and signature of Local Registrar 000539

35-93-7 (26)
922-1802

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J. H. H. J.



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE