

DECEDENT'S BIRTH NO.

REGISTRATION
DISTRICT NO. 16.32

STATE OF ILLINOIS

STATE FILE
NUMBERREGISTERED
NUMBER 364

MEDICAL CERTIFICATE OF DEATH

Type or Print in
PERMANENT INK
See Funeral Directors,
Hospital, or Physicians
Handbook for
INSTRUCTIONS

DECEASED—NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH, DAY, YEAR)	
1. <u>Elmer</u>		<u>C.</u>		<u>Kelley</u>	2. <u>Male</u>	3. <u>May 8, 2002</u>	
COUNTY OF DEATH		AGE—LAST BIRTHDAY (YRS)	UNDER 1 YEAR MOS.	UNDER 1 DAY DAYS	UNDER 1 DAY HOURS	DATE OF BIRTH (MONTH, DAY, YEAR)	
4. <u>Cook</u>		5a. <u>79</u>	5b.	5c.	5d. <u>June 7, 1922</u>		
CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER		HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)				IF HOSP. OR INST. INDICATE D.O.A. OP/EMER. RM, INPATIENT (SPECIFY)	
6a. <u>Chicago Heights</u>		6b. <u>St. James Hospital</u>				6c. <u>In-Patient</u>	
BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE)		WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO)	
7. <u>Decatur, Al.</u>		8a. <u>Married</u>		8b. <u>Frances Glenn</u>		9. <u>Yes</u>	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION		KIND OF BUSINESS OR INDUSTRY		EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) Elementary/Secondary (0-12) College (1-4 or 5+)	
10. <u>421-16-3694</u>		11a. <u>Machine Operator</u>		11b. <u>Steel Manufact.</u>		12. <u>6</u>	
RESIDENCE (STREET AND NUMBER)		CITY, TOWN, TWP, OR ROAD DISTRICT NO.		INSIDE CITY (YES/NO)		COUNTY	
13a. <u>6650 Nevada St.</u>		13b. <u>Hammond</u>		13c. <u>Yes</u>		13d. <u>Lake</u>	
STATE		ZIP CODE		RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY)		OF HISPANIC ORIGIN? (SPECIFY NO OR YES—IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.)	
13e. <u>Indiana</u>		13f. <u>46323</u>		14a. <u>White</u>		14b. <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES SPECIFY:	
FATHER—NAME FIRST MIDDLE LAST				MOTHER—NAME FIRST MIDDLE (MAIDEN) LAST			
15. <u>Ulman</u>				16. <u>Pearl</u>			
KELLEY				ROBERTS			
INFORMANT'S NAME (TYPE OR PRINT)		RELATIONSHIP		MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP)			
17a. <u>Frances</u>		17b. <u>Wife</u>		17c. <u>6650 Nevada St., Hammond, In., 46323</u>			
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.					
Immediate Cause (Final disease or condition resulting in death)		(a) <u>ISCHEMIC CARDIOMYOPATHY</u>				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.		(b) _____					
		(c) _____					
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.		AUTOPSY (YES/NO)		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO)			
		19a. <u>NO</u>		19b. _____			
DATE OF OPERATION, IF ANY		MAJOR FINDINGS OF OPERATION		IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS?		20c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. _____		20b. _____		20c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
(I DID NOT ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON (MONTH, DAY, YEAR)		WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO)		HOUR OF DEATH			
21a. <u>5/7/02</u>		21b. <u>NO</u>		21c. <u>10:55</u> A.M.			
TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.		DATE SIGNED (MONTH, DAY, YEAR)		22b. <u>5/9/02</u>			
22a. SIGNATURE		NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)		ILLINOIS LICENSE NUMBER			
22a. <u>Dr. Robert Kemp</u>		22c. <u>333 Dixie Hwy, Chgo. HT 3, IL 60644</u>		22d. <u>036-086202</u>			
23.		BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY OR CREMATORY—NAME		LOCATION CITY OR TOWN STATE DATE (MONTH, DAY, YEAR)	
		24a. <u>Burial</u>		24b. <u>Chapel Lawn Cemetery</u>		24c. <u>Schererville, In.</u>	
FUNERAL HOME		NAME		STREET AND NUMBER OR R.F.D.		CITY OR TOWN STATE ZIP	
25a. <u>Smits Funeral Home DeYoung & Vroegh Chapel 649 E. 162nd, South Holland, IL., 60473</u>		FUNERAL DIRECTOR'S SIGNATURE		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER		DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)	
25b. <u>Alexa Smits</u>		25c. <u>034-010481</u>		26a. <u>Rachel M. Vega</u>		26b. <u>May 9, 2002</u>	

VR200 (Rev. 5/89)

Illinois Department of Public Health—Division of Vital Records

(BASED ON 1989 U.S. STANDARD CERTIFICATE)

I HEREBY CERTIFY THAT THE FOREGOING IS A TRUE AND CORRECT COPY OF THE DEATH RECORD FOR THE ABOVE NAMED IN ITEM NO. 1 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, STILL BIRTHS & DEATHS.

DATE: MAY 09 2002SIGNED: Rachel M. VegaAT: CHICAGO HEIGHTS, IL 60411TITLE: LOCAL REGISTRAR