

16.10
DECEASED'S SOCIAL SECURITY NUMBER

STATE OF ILLINOIS
MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER
617467

1. NAME OF DECEASED: **INEZ HENDRICKS**
 2. SEX: **FEMALE**
 3. DATE OF BIRTH: **Aug 17 1981**
 4. RACE: **Black**
 5. US BIRTH PLACE: **American**
 6. DATE OF DEATH: **Jan 13 1981**
 7. COUNTY OF DEATH: **Cook**
 8. CITY OF DEATH: **Chicago**

9. CITIZENSHIP: **USA**
 10. MARRIAGE STATUS: **MARRIED**
 11. NAME OF SURVIVING SPOUSE: **John Hendricks**
 12. USUAL OCCUPATION: **Housewife**
 13. ADDRESS: **1345-14-4307**
 14. MOTHER: **GARY**
 15. FATHER: **JAMES**
 16. RELATIONSHIP: **Lillian MAIZE**
 17. ADDRESS: **Hospital 900 E. 5th St. Chgo. Ill 60637**

18. DEATH WAS CAUSED BY: **Respiratory Insufficiency**
 19. IMMEDIATE CAUSE: **Breast Cancer**
 20. OTHER SIGNIFICANT CONDITIONS: **3x metastases**

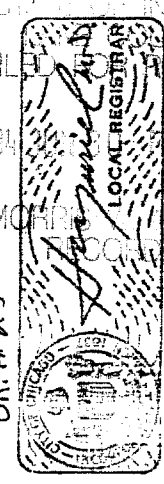
21. DATE OF OPERATION: **April 13 1981**
 22. SIGNATURE: **Kathryn Lynn Buecht M.P.**
 23. ADDRESS: **950 E. 59th St Chgo. Ill. 60637**
 24. CEMETERY: **Fern Oak**
 25. SIGNATURE: **Richard W. Coffey**
 26. ADDRESS: **Bar-Kays Mortuary 9900 S. Throop St. Chicago, Ill. 60643**

27. FUNERAL HOME: **Richard W. Coffey**
 28. ADDRESS: **Chicago Dept. of Health**
 29. DATE: **AUG 20 1981**

STATE OF ILLINOIS }
 COUNTY OF COOK } SS
 CITY OF CHICAGO }

I, Hugo H. Muriel, M.D. 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 of 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 as a record kept by me in pursuance of said laws and ordinances.

Caldwell's 1st Add lots 9410
 Key# 42-1-9
 UN.# 25



This Certified Copy Valid When MULTICOLOR SEAL AND BLUE SIGNATURE ARE Affixed.

gpc Robert & Charlene Brown

STEPHEN R. STIGLICH
 LAKE COUNTY AUDITOR

JUN 30 2004

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DEPARTMENT OF HEALTH CITY OF CHICAGO