

CERTIFICATION OF VITAL RECORD

HARVEY, ILLINOIS

DISTRICT 16.34

02-03-0096 2001 & 2

DECEDENT'S BIRTH NO.	REGISTRATION DISTRICT NO. 16.34	STATE OF ILLINOIS	STATE FILE NUMBER	
REGISTERED NUMBER		MEDICAL CERTIFICATE OF DEATH		
Type or Print in PERMANENT INK See Funeral Directors, Hospital, or Physicians Handbook for INSTRUCTIONS	DECEASED-NAME FIRST MIDDLE LAST 1. MARCELLA BUCKINGHAM		SEX 2. FEMALE	
	DATE OF DEATH (MONTH, DAY, YEAR) 3. MARCH 19, 2005			
	COUNTY OF DEATH 4. COOK	AGE-LAST BIRTHDAY (YRS) MOS. DAYS 5a. 83	UNDER 1 YEAR UNDER 1 DAY 5b. 5c.	DATE OF BIRTH (MONTH, DAY, YEAR) 5d. MAY 24, 1921
	CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER 6a. HARVEY		HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 6b. INGALLS MEMORIAL HOSPITAL	
	BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) 7. FORT DODGE, IOWA		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 8a. MARRIED	NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) 8b. ROBERT BUCKINGHAM
	SOCIAL SECURITY NUMBER 10. 481-12-9318		USUAL OCCUPATION 11a. HOMEMAKER	KIND OF BUSINESS OR INDUSTRY 11b. OWN HOME
	RESIDENCE (STREET AND NUMBER) 13a. 18849 CASTLE		CITY, TOWN, TWP. OR ROAD DISTRICT NO. 13b. HOMEWOOD	INSIDE CITY (YES/NO) 13c. YES
	STATE 13e. ILLINOIS	ZIP CODE 13f. 60430	RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) 14a. WHITE	OF HISPANIC ORIGIN? (SPECIFY NO OR YES-IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.) 14b. NO
	FATHER-NAME FIRST MIDDLE LAST 15. CLYDE EDWARD SCHULZ		MOTHER-NAME FIRST MIDDLE LAST (MAIDEN) LAST 16. IRENE JULIA GLOHR	
	INFORMANT'S NAME (TYPE OR PRINT) 17a. ROBERT L. BUCKINGHAM		RELATIONSHIP 17b. HUSBAND	MAILING ADDRESS (STREET AND NO. OR R.F.D. OR TOWN, STATE, ZIP) 17c. 18849 CASTLE HOMEWOOD ILLINOIS 60430
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. (a) Pancreatic CA		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. (b) DUE TO, OR AS A CONSEQUENCE OF		AUTOPSY (YES/NO) 19a. NO		
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.		WERE AUTOPSY RESULTS AVAILABLE PRIOR TO COMPLETION OF THIS DEATH? (YES/NO) 19b. NO		
DATE OF OPERATION, IF ANY 20a.		MAJOR FINDINGS OF OPERATION 20b.		
IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? 20c. YES		IF CORONER OR MEDICAL EXAMINER NOTIFIED (YES/NO) 21b. NO		
1 (DID) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON (MONTH, DAY, YEAR) 21a. 3/3/05		HOUR OF DEATH (MONTH, DAY, YEAR) 21c. 2:15 P.M.		
22a. SIGNATURE Ally Allen		DATE SIGNED (MONTH, DAY, YEAR) 22b. 3/20/05		
NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) 22c. 71 W. 156th ST Harvey, IL 60426		ILLINOIS LICENSE NUMBER 22d. 036096343		
23. BURIAL, CREMATION, REMOVAL (SPECIFY) 24a. CREMATION		CEMETERY OR CREMATORY-NAME 24b. WILLOW LAWN CREMATORY	LOCATION CITY OR TOWN STATE DATE (MONTH, DAY, YEAR) 24c. VERNON HILLS, ILLINOIS 24d. MAR. 24, 2005	
FUNERAL HOME NAME STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE ZIP 25a. OEHLER FUNERAL HOME 2099 MINER STREET DES PLAINES, ILLINOIS 60016		FUNERAL DIRECTOR'S SIGNATURE 25b. MATTHEW J. BENNETT		
FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 25c. 034-015755		DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) 26b. MAR 22 2005		

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David E. Brantley 1920 N. Main St. Chgo IL 46307

CERTIFIED COPY OF VITAL RECORDS

I HEREBY CERTIFY THAT THE FOREGOING is a true and correct copy of the 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.

FILED

D32560

DATE ISSUED MAR 22 2005

AUG 29 2006

16910 # 7288

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

PEGGY HOLLING... GWENDOLYN L. DAVIS LOCAL REGISTRAR

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE