

Certified Copy of a Death Record

DECEDENT'S BIRTH NO.	REGISTRATION DISTRICT NO. <u>16.92</u>	STATE OF ILLINOIS			STATE FILE NUMBER	
	REGISTERED NUMBER <u>639</u>	MEDICAL CERTIFICATE OF DEATH				
Type or Print in PERMANENT INK See Funeral Directors, Hospital, or Physicians Handbook for INSTRUCTIONS DECEASED A B C D E PARENTS 1 2 3 CAUSE 4 5 N P CERTIFIER DISPOSITION	DECEASED-NAME FIRST MIDDLE LAST 1. JAMES C GRIFFIN		SEX 2. MALE	DATE OF DEATH (MONTH, DAY, YEAR) 3. MAY 2, 1993		
	CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER 4. COOK 6a. PROVISO TOWNSHIP		AGE-LAST BIRTHDAY (YRS) 5a. 67	UNDER 1 YEAR 5b. MOS. DAYS	UNDER 1 DAY 5c. HOURS MIN.	DATE OF BIRTH (MONTH, DAY, YEAR) 5d. APRIL 13, 1926
	CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER 6a. PROVISO TOWNSHIP		HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 6b. FOSTER G MCGAW HOSPITAL		IF HOSP. OR INST., INDICATE D.O.A. OP/EMER RM, INPATIENT, (SPECIFY) 6c. INPATIENT	
	BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) 7. TENNESSEE		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 8a. MARRIED	NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) 8b. RUTH BURNETT		WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO) 9. NO
	SOCIAL SECURITY NUMBER 10. 415-26-5320		USUAL OCCUPATION 11a. MILLWRIGHT	KIND OF BUSINESS OR INDUSTRY 11b. STEEL	EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) 12. Elementary/Secondary (0-12) College (1-4 or 5+) +2	
	RESIDENCE (STREET AND NUMBER) 13a. 1724 W 95TH CT		CITY, TOWN, TWP, OR ROAD DISTRICT NO. 13b. CROWN POINT	INSIDE CITY (YES/NO) 13c. YES	COUNTY LAKE	
	STATE 13e. INDIANA	ZIP CODE 13f. 46307	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. <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES SPECIFY:		
	FATHER-NAME FIRST MIDDLE LAST 15. THOMAS EUGENE GRIFFIN		MOTHER-NAME FIRST MIDDLE (MAIDEN) LAST 16. SALLY FIVEASH			
	INFORMANT'S NAME (TYPE OR PRINT) 17a. PRISCILLA MARSHALL		RELATIONSHIP 17b. HOSPITAL RECORDS	MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) 17c. 2160 S. FIRST AVE MAYWOOD ILL 60153		
	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.		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
Immediate Cause (Final disease or condition resulting in death) (a) <u>shock, probably septic</u>		DUE TO, OR AS A CONSEQUENCE OF				
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. (b) <u>disseminated adenocarcinoma</u>		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. <u>s/p cardiac transplant</u>		AUTOPSY (YES/NO) 19a. NO		WAS AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF 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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
I (DID) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON 21a. May 1, 1993		WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) 21b. NO		HOUR OF DEATH 21c. 8:25 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. 05/04/93		ILLINOIS LICENSE NUMBER 22d. 036-081289		
22a. SIGNATURE <u>W.G. KAO, MD.</u> NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) 22c. 2160 SOUTH FIRST AVE MAYWOOD ILL 60153		NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) 23.		NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.		
BURIAL, CREMATION, REMOVAL (SPECIFY) 24a. BURIAL		CEMETERY OR CREMATORY-NAME 24b. CALUMET PARK		LOCATION CITY OR TOWN STATE 24c. MERRILLVILLE, IND.		
FUNERAL HOME NAME 25a. Geisen Funeral Home		STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE 7910 Broadway Merrillville, Ind. 46410		DATE (MONTH, DAY, YEAR) 24d. MAY 5, 1993		
FUNERAL DIRECTOR'S SIGNATURE 25b. <u>Terry Munnis</u>		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 25c. 012113				
LOCAL REGISTRAR'S SIGNATURE 26a. <u>Richard J. Bellis</u>		BROADVIEW, ILLINOIS 60153		DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) 26b. May 5, 1993 #11		

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent named at item 1, and that this record was established and filed in my office in accordance with the provisions of the Illinois Vital Records Act.

DATE MAY 5 1993 SIGNED Richard J. Bellis
 AT BROADVIEW, IL 60153, Illinois OFFICIAL TITLE Local Registrar of Vital Statistics

The original record of this death is permanently filed with the ILLINOIS DEPARTMENT OF PUBLIC HEALTH at Springfield. County clerks and local registrars are authorized to make certifications from copies of the original record. The Illinois statutes provide that the certification of a death record by the Department of Public Health, local registrar or county clerk shall be prima facie evidence of the facts