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MY COMMISSION EXPIRES 6-28-2009
NOTARY PUBLIC, STATE OF ILLINOIS
VALLETTA DARLENE BYRD
OFFICIAL SEAL

REGISTERED MEDICAL CERTIFICATE OF DEATH

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

DECEASED-NAME: URAL RUNNELS; SEX: MALE; DATE OF DEATH: JUNE 29, 1999; COUNTY OF DEATH: COOK; AGE-LAST BIRTHDAY: 70; DATE OF BIRTH: Sept 18, 1998; CHICAGO HEIGHTS; ST. JAMES HOSPITAL; CHICAGO; HOSPICE; KINKWOOD, M; MARRIED; FLORA CURRY; SOCIAL SECURITY NUMBER: 10. 491-26-3225; USUAL OCCUPATION: 11a. RETIRED; KIND OF BUSINESS OR INDUSTRY: 11b. TRUCK DRIVER; EDUCATION: 12. 12; RESIDENCE: 13a. 9006 SOUTH PHILLIPS; CHICAGO; ILLINOIS; RACE: 14a. BLACK; OF HISPANIC ORIGIN? 14b. NO

A DECEASED B C D E

PARENTS

FATHER-NAME: 15. WILLIAMS RUNNELS; MOTHER-NAME: 16. CYNTHIA FARRAR; INFORMANT'S NAME: 17a. FLORA PHILLIPS RUNNELS; RELATIONSHIP: 17b. WIFE; MAILING ADDRESS: 17c. 9006 S. PHILLIPS CHGO, ILL.

CAUSE

18. PART I. Immediate Cause: (a) Gall bladder carcinoma. DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c) PART II. Other significant conditions contributing to death...

CERTIFIER

19a. AUTOPSY (YES/NO); 20a. DATE OF OPERATION, IF ANY; 20b. MAJOR FINDINGS OF OPERATION; 21a. (I) (DID) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON 6/28/99; WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO); HOUR OF DEATH: 21c. 07:05 A; DATE SIGNED: 22b. 6/29/99; SIGNATURE: Jinsup Kim, M.D.; NAME AND ADDRESS OF CERTIFIER: 333 Dixie Hwy. C.H.; NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER: C.H.; ILLINOIS LICENSE NUMBER: 22c. 036-05946

DISPOSITION

23. BURIAL, CREMATION, REMOVAL (SPECIFY): 24a. BURIAL; CEMETERY OR CREMATORY-NAME: 24b. FOREST HOME CEMETERY; LOCATION: 24c. FOREST PARK, ILLINOIS; DATE: 24d. JULY 3, 1999; FUNERAL HOME: 25a. FOUNTAIN-JORDAN-SHEPHARD FUNERAL HOME; FUNERAL DIRECTOR'S SIGNATURE: 25b. Dawn Fountain; FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER: 25c. 034-015316; LOCAL REGISTRAR'S SIGNATURE: 26a. Rachel Vega; DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR): 26b. July 1, 1999

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: JUL 01 1999 AT: CHICAGO HEIGHTS, IL 60411

SIGNED: Rachel M Vega TITLE: LOCAL REGISTRAR

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