



UNOFFICIAL COPY

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By: [Signature]

UNOFFICIAL MEDICAL CERTIFICATE OF DEATH

REGISTERED NUMBER

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

1. DECEASED-NAME FIRST MIDDLE LAST Thomas Donald Hall SEX 2. Male DATE OF DEATH (MONTH, DAY, YEAR) 3. February 20, 2001

4. COUNTY OF DEATH Cook AGE-LAST BIRTHDAY (YRS) 5a. 81 UNDER 1 YEAR 5b. UNDER 1 DAY 5c. DATE OF BIRTH (MONTH, DAY, YEAR) 5d. October 15, 1919

6a. City, Town, Twp, or Road District Number: Glenview 6b. HOSPITAL OR OTHER INSTITUTION-NAME: Glenbrook Hospital 6c. IF HOSP. OR INST. INDICATE D.O.A. OP/EMER. RM. INPATIENT (SPECIFY): Inpatient

A DECEASED

7. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY): Waukon, IA 8a. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married 8b. NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE): Ann Morgan 9. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO): Yes

B SOCIAL SECURITY NUMBER

10. 351-03-5801 11a. USUAL OCCUPATION: Surgeon 11b. KIND OF BUSINESS OR INDUSTRY: Medicine 12. EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED): College (1-4 or 5+): 5+

C RESIDENCE (STREET AND NUMBER)

13a. 821 Hudson Road 13b. CITY, TOWN, TWP, OR ROAD DISTRICT NO.: Glenview 13c. INSIDE CITY (YES/NO): Yes 13d. COUNTY: Cook

D STATE

13e. Illinois 13f. ZIP CODE: 60025 14a. RACE (WHITE, BLACK, AMERICAN INDIAN, etc.): White 14b. OF HISPANIC ORIGIN? (SPECIFY NO OR YES-IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.): NO

E FATHER-NAME

15. Donald James Hall 16. MOTHER-NAME: Dorothy Elizabeth Ashbacher

17a. INFORMANT'S NAME (TYPE OR PRINT): Ann M. Hall 17b. RELATIONSHIP: Wife 17c. MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP): 17821 Hudson Rd., Glenview, IL 60025

18. PART I. Immediate Cause (Final disease or condition resulting in death): Cerebrovascular Accident

CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST: (b) Peripheral vascular disease (c) DUE TO, OR AS A CONSEQUENCE OF

CAUSE

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 4 days / 10 years

19a. PART II. Other significant conditions contributing to death but not resulting in injury deriving cause given in PART I: Hypertension, Diabetes mellitus type 2

19b. AUTOPSY (YES/NO): No 19c. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO):

20a. DATE OF OPERATION, IF ANY

20b. MAJOR FINDINGS OF OPERATION 20c. IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? YES NO

21a. I (DID) (DID NOT) ATTEND THE DECEASED (MONTH, DAY, YEAR) AND LAST SAW HIM/HER ALIVE ON: 2/19/01

21b. WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO): No 21c. HOUR OF DEATH: 2:35 a.m.

22a. SIGNATURE: Leonardo Vargas

22b. 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): February 20, 2001

22c. NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT): Dr. Leonardo Vargas, 1500 Waukegan Rd., Glenview, IL

22d. ILLINOIS LICENSE NUMBER: 36-098880

23. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT):

NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.

24a. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial

24b. CEMETERY OR CREMATORY-NAME: Memorial Park 24c. LOCATION CITY OR TOWN STATE: Skokie, Illinois 24d. DATE (MONTH, DAY, YEAR): Feb. 26, 2001

25a. FUNERAL HOME NAME STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE ZIP: N.H. Scott & Hebblethwaite, 1240 Waukegan Rd., Glenview, IL 60025

25b. FUNERAL DIRECTOR'S SIGNATURE: Tom H. Scott 25c. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER: 034-010554

26a. LOCAL REGISTRAR'S SIGNATURE: Jay W. Tossy

26b. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR): February 26, 2001

DISPOSITION

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 FEBRUARY 26, 2001 SIGNED Jay W. Tossy AT EVANSTON, Illinois OFFICIAL TITLE LOCAL REGISTRAR

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 in all courts and places of the facts therein stated.

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