

# UNOFFICIAL COPY



State of Illinois Cook of Cook

Doc#: 0431018085  
Space for re Eugene "Gene" Moore Fee: \$58.50  
Cook County Recorder of Deeds  
Date: 11/05/2004 01:46 PM Pg: 1 of 18

## Affidavit/Record of Death

Perry Randall States under oath that he is the Grandson of Clim And Prescilla P.Randall and further states that the following is true and has Certified Death Certificates to prove that the following are indeed deceased therefore can have no interest in the property. Perry Randall Also states that all deaths occurred in the county of cook.

James Randall Died 5-15-68

Frank Randall Died 3-8-88

Carolyn Hill Died 4-9-91

Prescilla P. Randall A.K.A. Mattie Randall Died 12-28-65

Clem Randall Died 5-7-79

Frank Randall Sr. Died 4-19-76

Wilson Randall Died 9-2-69

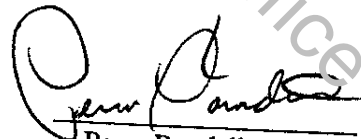
Charles Randall Sr. Died 4-7-54

Jerome Randall Died 7-1-93

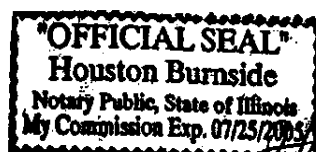
Delores Randall Died 10-5-84


Dorothy Howard Died 2-27-97

Charles Randall Jr. Died 7-2-91

  
Perry Randall

Given under my hand and official Seal this 8 day of October, 2004



 (Notary Public)

**UNOFFICIAL COPY****AFFIDAVIT OF HEIRSHIP**

Perry Randall, hereinafter referred to as the affiant, states under oath that he is the Grandson of both Clim Randall and Prescilla P. Randall. Perry Randall further states the following as true:

- 1) That the following property was owned by Clim Randall and Priscilla P. Randall as joint tenants with the right of survivorship:

Legal Description: Lot 154 in brook haven, being S.E. gross, subdivision of the south 23,569 acres of that part of the southeast quarter of section 23 township 38 north, range 14, east of the third principal meridian.

Address: 1307 E. 69<sup>th</sup> Street  
Chicago, IL 60637

PIN: 20-23-411-003-0000

- 2) That the following children and no others were born to, or adopted by Delores Randall, Carolyn Hills, Jerome Randall, Dorothy Howard, and Frank Randall Jr, whom are all deceased:

Delores Randall Died 10-5-84 leaving no heirs

Carolyn Hills Died 4-9-91 leaving no heirs

Jerome Randall Died 5-15-68  
Jason Randall (son) Alive leaving no heirs

Dorothy Howard Died 2-27-97  
Curtis Howard (son) Alive having no heirs

Frank Randall Jr. Died 3-8-88 leaving no heirs

- 3) That the following children and no others were born to or adopted by the heirs of Henry Randall, Charles Randall, Wilson Randall Jr., Frank Randall Sr. and Dorothy Howard whom are all alive and mentally competent:

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**Bobby Randall** Alive having no heirs

**Perry Randall**  
Sharice Randall ( Daughter)

**Donald Randall** Alive having no heirs

**Deborah Randall**  
Jermaine Randall (Son)  
Jessica Randall (daughter)

**Tyrone Randall** Alive having no heirs

**Diana Grant**  
Kevin Grant (Son)  
Brisbane Grant (Son)

**Lisa Randall** Alive having no heirs

**David Randall** Alive having no heirs

**Wilson Randall Jr.**  
Wilma Randall (Daughter)  
Victor Randall (Son)

**Henry Randall**  
Larry Randall (Son)  
Simpson Randall (Son)

**Clive Randall**  
Clisera Randall (Daughter)  
Stephon Randall (Son)  
Selecia Randall (Daughter)

**Sandra Johnson**  
April Johnson (Daughter)  
Tammy Daniels (Daughter)  
Thomas Johnson (Son)

**Mildred Davis**  
Monica Davis (Daughter)  
Jackie Davis (Daughter)  
Ralph Davis (Son)

**Betty Johnny**  
Johnathan Johnny (Son)  
Exavier Johnny (Son)  
Alice Jackson (Daughter)  
Bobby Johnny (son)

**Curtis Howard** Alive having no heirs

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4) That the following are the heirs of Sharice Randall, Jermaine Randall, Jessica Randall, Kevin Grant, Brisbane grant, Wilma Randall, Victor Randall, Larry Randall, Simpson Randall, Clisera Randall, Stephon Randall, Selecia Randall, April Johnson, Tammy Daniels, Thomas Johnson, Monica Davis, Jackie Davis, Ralph Davis, Johnathan Johnny, Exavier Johnny, Alice Jackson, And Bobby Johnny.

**Sharice Randall** Alive having no heirs

**Jermaine Randall** Alive having no heirs

**Jessica Randall**  
Jeffery Randall (Son)

**Kevin Grant**  
Candice Grant (Daughter)  
Gregory Grant (Son)

**Brisbane Grant** Alive having no heirs

**Wilma Randall** Alive having no heirs

**Victor Randall**  
Ralph Randall (Son)  
Larise Randall (Daughter)

**Larry Randall** Alive having no heirs

**Simpson Randall** Alive having no heirs

**Clisera Randall** Alive having no heirs

**Stephon Randall**  
Peter Randall (Son)

**April Johnson** Alive having no heirs

**Tammy Daniels** Alive having no heirs

**Thomas Johnson** Alive having no heirs

**Monica Davis**  
Monique Davis (Daughter)  
Donald Davis (Son)  
Arisa Davis (Daughter)

**Jackie Davis** Alive having no heirs

**Ralph Davis**  
Reese Jales (Daughter)  
Daniel Davis (Son)

**Johnathan Johnny** Alive having no heirs

**Exavier Johnny** Alive having no heirs

**Alice Jackson** Alive having no heirs

**Bobby Johnny** Alive having no heirs

Property of Cook County Clerk's Office

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5) That the following are the heirs of Jeffery Randall, Candice Grant, Gregory Grant, Ralph Randall, Larise Randall, Peter Randall, Monique Davis, Donald Davis, Arisa Davis, Reese Davis and Daniel Davis whom are all alive mentally competent as well as of legal age (18 and over)

**Jeffery Randall** Alive having no heirs

**Candice Grant**  
Felecia grant (Daughter)

**Gregory Grant** Alive having no heirs

**Ralph Randall** Alive having no heirs

**Larise Randall** Alive having no heirs

**Peter Randall**  
Patricia Randall (Daughter)

**Monique Davis** Alive having no heirs

**Donald Davis**  
Denia Hunter (Daughter)  
Racine Davis (Daughter)  
Nicholas Davis (Son)  
Raven Davis (Daughter)

**Arisa Davis** Alive having no heirs

**Reese Davis** Alive having no heirs

**Daniel Davis**  
Brian Davis (Son)  
Nikila Davis (Daughter)  
Kala Davis (Daughter)

6) That the following are the last generation of heirs as of October 7, 2004, for the Randall family and are not of age to partake in any interest in the property located at 1307 E. 59<sup>th</sup> Street. Therefore the parents of the following hereby release all interest on behalf of the following children creating a full spread of the entire genealogy for the Randall Family and terminating all interest in the property.

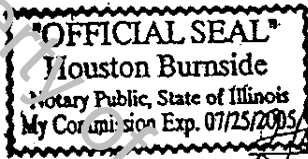
Felecia Grant  
Patricia Randall  
Denia Davis  
Racine Davis  
Nicholas Davis  
Ravin Hunter  
Brian Davis  
Nikila Davis  
Kala Davis

The affiant makes this affidavit to spread the genealogy of Cliff And Pessilly P. Randall also known as Mattie Randall.

**UNOFFICIAL COPY**

*Perry Randall*  
Perry Randall

Given under my hand and official seal, this 7 Day of October, 2005 Notary Public



*Houston Burnside* (Notary Public)

Property  
Cook County Clerk's Office

# UNOFFICIAL COPY

SEPTEMBER 21, 2004

STATE OF ILLINOIS  
County of Cook

DAVID ORR, County Clerk

I, David Orr, County Clerk of the County of Cook, in the State aforesaid, and Keeper of the Records and Files of said County do hereby certify that the attached is a true and correct copy of the original Record on file, all of which appears from the records and files in my office.  
IN WITNESS THEREOF, I have hereunto set my hand and affixed the Seal of the County of Cook, at my office in the city of Chicago, in said County.

*David Orr*  
COUNTY CLERK

1949  
the  
ard  
Death

ORIGINAL 276

## MEDICAL CERTIFICATE OF DEATH

STATE FILE NO. 24697

STATE OF ILLINOIS 69...

DECEDENT'S BIRTH NO.:		STATE OF ILLINOIS 69...		STATE FILE NO. 24697	
1. PLACE OF DEATH a. COUNTY Cook		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Illinois		DIST. NO. 3104 REG. NO.	
b. CITY (If outside corporate limits, write RURAL and give township or road dist.) CHICAGO		c. LENGTH OF STAY (In this place) 35 Yrs.		b. COUNTY Cook	
d. FULL NAME OF HOSPITAL OR INSTITUTION 6955 Eberhart Ave.		c. CITY (If outside corporate limits, write RURAL and give township or road dist.) Chicago		d. STREET ADDRESS (If rural, give location) 6955 Eberhart Ave.	
3. NAME OF DECEASED (Type or Print) a. (First) Charles b. (Middle) Randall c. (Last) Randall		4. DATE OF DEATH (Month) (Day) (Year) April 7, 1954		5. AGE (In years last birthday) 70 If Under 1 Year: Months Days If Under 24 Hrs. Hours Min.	
6. SEX Male		7. MARRIAGE STATUS Married		8. DATE OF BIRTH July 7, 1913	
9. COLOR OR RACE Negro		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk		10b. KIND OF BUSINESS OR INDUSTRY Edgewater Beach	
11. FATHER'S NAME Clem Randall		12. CITIZEN OF WHAT COUNTRY? USA		13. MOTHER'S MAIDEN NAME Unknown	
14. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		15. SOCIAL SECURITY NO. Unknown		17. (If Obituary) (Hospital follow Special Instructions on this form) a. Address 6955 Eberhart b. Relationship of the deceased WIFE	
16. CAUSE OF DEATH I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* *This does not mean the mode of dying, such as heart failure, aneurism, etc. It means the disease, injury or complication which caused death. ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), and (c). Direct cause (a) Acute Pulmonary Edema due to (b) Cardiac Asthma due to (c)		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death, but not related to the disease or condition causing death		INTERVAL BETWEEN ONSET AND DEATH 1 Day 10 Yrs.	
18. DATE OF OPERATION		19. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT, SUICIDE, HOMICIDE (specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR	
22. I hereby certify that I attended the deceased from April 11, 1954 and that death occurred at 11:45 P.M. on April 6, 1954		23. SIGNATURE Kenneth J. Mahlenger, M.D.		24. ADDRESS AND PHONE NO. 6321 So. Champlain	
25. BURIAL PLACE Burr Oak Cemetery, Cook		26. DATE SIGNED April 7, 1954		27. SOCIAL REGISTRY ADDRESS	

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SIF.

Official's Office

MEDICAL CERTIFICATION BY PHYSICIAN ATTENDING FINAL ILLNESS

DISPOSITION



STATE OF ILLINOIS  
County of Cook

**UNOFFICIAL COPY**

SEPTEMBER 20, 2004

DAVID ORR, County Clerk

I, David Orr, County Clerk of the County of Cook, in the State aforesaid, and Keeper of the Records and Files of said County do hereby certify that the attached is a true and correct copy of the original Record on file, all of which appears from the records and files in my office.  
IN WITNESS THEREOF, I have hereunto set my hand and affixed the Seal of the County of Cook, at my office in the city of Chicago, in said County.

*David Orr*  
COUNTY CLERK

STATE OF ILLINOIS  
**MEDICAL CERTIFICATE OF DEATH**

STATE FILE NUMBER

612280

DECEASED'S BIRTH NO.	REGISTRATION DISTRICT NO. <b>16.10</b>
	REGISTERED NUMBER

Type or Print in Permanent Ink  
Funeral Directors, Priest, or Physicians  
Handbook for INSTRUCTIONS  
✓-02.1  
9/11

1. DECEASED-NAME FIRST MIDDLE LAST		SEX	DATE OF DEATH (MONTH, DAY, YEAR)
JEROME JERRY RANDALL		2 MALE	3 JULY 1, 1993
4. COUNTY OF DEATH		AGE-LAST BIRTHDAY (YRS)	DATE OF BIRTH (MONTH, DAY, YEAR)
COOK		5a. 42	5d. November 27, 1949
CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER		6b. HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)	
6a. CHICAGO		6b. HOLY CROSS HOSPITAL	
BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)		8c. INDIA PATENT	
7. IL Chicago		8c. INDIA PATENT	
SOCIAL SECURITY NUMBER		9. Yes	
10 338-42-5516		9 Yes	
RESIDENCE (STREET AND NUMBER)		11b. General	
13a. 6110 South Talman		11b. General	
STATE		12. 10	
Illinois		12. 10	
ZIP CODE		13c. Yes	
60629		13c. Yes	
RACE (WHITE, BLACK, AMERICAN INDIAN, etc.)		13d. Cook	
14a. Black		13d. Cook	
FATHER-NAME FIRST MIDDLE LAST		14b. No	
15. Frank Randall		14b. No	
MOTHER-NAME FIRST MIDDLE LAST		16. Olivia Cannon	
16. Olivia Cannon		16. Olivia Cannon	
INFORMANT'S NAME (TYPE OR PRINT)		17c. 6110 So. Talman Chicago, IL	
17a. Victoria Randall		17c. 6110 So. Talman Chicago, IL	
RELATIONSHIP		17c. 6110 So. Talman Chicago, IL	
17b. Wife		17c. 6110 So. Talman Chicago, IL	

18. PART I. Enter the disease, 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
(a) Severe Congestive Cardiomyopathy		3 weeks
DUE TO, OR AS A CONSEQUENCE OF		
(b)		
DUE TO, OR AS A CONSEQUENCE OF		
(c)		

PART II. Other medical conditions contributing to death but not resulting in the underlying cause given in PART I		AUTOPSY (YES/NO)	WHERE AUTOPSY PERFORMED AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH (YES/NO)
Alcoholic Cirrhosis of the liver, Hepatic Encephalopathy		19a. No	19b.
DATE OF OPERATION IF ANY		IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS?	
20a. 6/13/93		20c. YES ( ) NO (X)	
MAJOR FINDINGS OF OPERATION		HOUR OF DEATH	
20b. Massive bilateral pleural effusion		21b. No	
19. (DO NOT ATTEND THE DECEASED AND LAST SAWN NUMBER ALIVE ON)		21c. 07:21 A.M.	
21a. 7/1/93		21c. 07:21 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)	
22a. SIGNATURE		22b. 7/1/93	
NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)		ILLINOIS LICENSE NUMBER	
22c. Wm Y Lee M.D. 4255 W. 63rd St, Chicago, IL 60625		22d. 036-050591	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)		NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CONSUMER OR MEDICAL EXAMINER MUST BE NOTIFIED.	
23.			

BURIAL, CREMATION, REMOVAL (specify)	CEMETERY OR CREMATORY-NAME	LOCATION	DATE (MONTH, DAY, YEAR)
23a. Burial	24b. Mt. Glenwood	24c. Glenwood, Illinois	24d. July 7, 1999
FUNERAL HOME	NAME	STREET AND NUMBER OR R.F.D.	CITY OR TOWN STATE ZIP
25a. Gatling & Chapel INC. 10133 Sp2 Halsted Chicago, Illinois 60628			
FUNERAL DIRECTOR'S SIGNATURE			
25b. Margaret Darling			
FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER			
25c. 034-014380			
LOCAL REGISTRAR'S SIGNATURE			
26a. Wm Y Lee M.D.			
DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)			
26b. JUL 02 1999			



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SEPTEMBER 20, 2004

STATE OF ILLINOIS  
County of Cook

DAVID ORR, County Clerk

I, David Orr, County Clerk of the County of Cook, in the State aforesaid, and Keeper of the Records and Files of said County do hereby certify that the attached is a true and correct copy of the original Record on file, all of which appears from the records and files in my office.  
IN WITNESS THEREOF, I have hereunto set my hand and affixed the Seal of the County of Cook, at my office in the city of Chicago, in said County.

*David Orr*  
COUNTY CLERK

REGISTRATION DISTRICT NO. <b>16:33</b>		STATE OF ILLINOIS		STATE FILE NUMBER		
REGISTERED NUMBER <b>794</b>		<b>MEDICAL CERTIFICATE OF DEATH</b>				<b>84 058708</b>
DECEASED - NAME 1. <b>DELORES</b> FIRST <b>RANDALL</b> MIDDLE LAST <b>FEMALE</b> SEX						
RACE - (WHITE, NEGRO, AMERICAN INDIAN, ALASKAN NATIVE, HAWAIIAN NATIVE, OTHER) <b>BLACK</b>		ORIGIN OR DESCENT <b>American</b>		DATE OF DEATH (MONTH, DAY, YEAR) <b>OCTOBER 5, 1984</b>		
AGE (YEARS) <b>50</b>		DATE OF BIRTH (MO., DAY, YEAR) <b>June 23 1934</b>		COUNTY OF DEATH <b>COOK</b>		
CITY, TOWN, VILLAGE OR DISTRICT NUMBER <b>EVERGREEN PARK</b>		HOSPITAL OR OTHER INSTITUTION - NAME OF HOSPITAL, FLAVEN, GIVE STREET AND ROOM NUMBER <b>LITTLE COMPANY OF MARY HOSPITAL</b>		IF HOUR OF DEATH INDICATED ON PATIENT'S CHART <b>INPATIENT</b>		
STATE OF BIRTH (IF NOT IN U.S.A. NAME OF COUNTRY) <b>ILLINOIS</b>		CITIZEN OF WHAT COUNTRY <b>USA</b>		NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) <b>None</b>		
SOCIAL SECURITY NUMBER <b>Not Available</b>		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <b>Never Married</b>		KIND OF BUSINESS OR INDUSTRY <b>Home</b>		
RESIDENCE STREET AND NUMBER <b>7835 SOUTH BISHOP</b>		CITY, TOWN, VILLAGE OR ROAD DISTRICT NO. <b>CHICAGO</b>		WAS DECEASED EVER IN U.S. ARMED FORCES? (SPECIFY YES OR NO) <b>No</b>		
FATHER - NAME FIRST MIDDLE LAST <b>Wilson</b>		MOTHER - MAIDEN NAME FIRST MIDDLE LAST <b>Audrey Malone</b>		WAR OR DATES OF SERVICE		
INFORMANT NAME (TYPE OR PRINT) <b>VILMA D. SANTOS/CLERK</b>		HOSPITAL RECORDS <b>2800 WEST 95TH ST. EVERGREEN PARK, ILLINOIS 60642</b>		DATE OF OPERATION, IF ANY		
18. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))						
PART I. IMMEDIATE CAUSE				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
(a) <b>CARDIORESPIRATORY ARREST</b>				<b>IMMED</b>		
(b) <b>CARDIOGENIC SHOCK</b>				<b>HOURS</b>		
(c) <b>ACUTE MYOCARDIAL INFARCTION</b>				<b>HOURS</b>		
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE (PART I) (a) <b>PNEUMONIA</b>						
20a. (1) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON <b>10/5/84</b> (MONTH, DAY, YEAR)		21a. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.		21c. HOUR OF DEATH <b>7:22 P.M.</b>		
22a. SIGNATURE <b>Robert Bruno MD</b>		22b. NAME AND ADDRESS OF CERTIFIER <b>ROBERT BRUNO 3900 W 95th ST EVERGREEN PARK ILL</b>		22c. ILLINOIS LICENSE NUMBER <b>036-060848</b>		
23a. BURIAL, CREMATION, REMOVAL (SPECIFY) <b>Burial</b>		23b. CEMETERY OR CREMATORY - NAME <b>Washington</b>		23c. LOCATION CITY OR TOWN STATE DATE (MONTH, DAY, YEAR) <b>Homewood Ill Oct. 12 1984</b>		
24a. FUNERAL HOME <b>A.R. Leak</b>		24b. NAME STREET AND NUMBER OR R. F. D. CITY OR TOWN STATE ZIP <b>7838 S. Cottage Grove Chicago Ill 60619</b>		24c. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER <b>4390</b>		
25a. LOCAL REGISTRAR'S SIGNATURE <b>Gail A. Marsan</b>		25b. DATE REC'D. BY LOCAL REGISTRAR (MONTH, DAY, YEAR) <b>Oct. 9, 1984</b>		25c. DATE REC'D. BY LOCAL REGISTRAR (MONTH, DAY, YEAR)		

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SEPTEMBER 20, 2004

STATE OF ILLINOIS  
County of Cook

DAVID ORR, County Clerk

I, David Orr, County Clerk of the County of Cook, in the State aforesaid, and Keeper of the Records and Files of said County do hereby certify that the attached is a true and correct copy of the original Record on file, all of which appears from the records and files in my office.  
IN WITNESS THEREOF, I have hereunto set my hand and affixed the Seal of the County of Cook, at my office in the city of Chicago, in said County.

*David Orr*

REGISTRATION DISTRICT NO. <b>16-10</b>	<b>118 May 1968</b>	STATE OF ILLINOIS	STATE FILE NUMBER <b>615-201</b>
REGISTERED NUMBER	CORONER'S CERTIFICATE OF DEATH		
DECEASED NAME 1. <b>JAMES RANDALL</b>		SEX <b>M</b>	DATE OF DEATH (MONTH, DAY, YEAR) <b>May 15 1968</b>
RACE <b>NEGRO</b>	AGE - LAST BIRTHDAY (YEARS) <b>32</b>	UNDER 1 YEAR: MONTHS <b>5</b> DAYS <b>23</b> HOURS <b>32</b> MIN	DATE OF BIRTH (MONTH, DAY, YEAR) <b>SEPT 23 1935</b>
CITY, TOWN, TWP OR ROAD DISTRICT NUMBER <b>CHICAGO</b>	INSIDE CITY (YES/NO) <b>YES</b>	HOSPITAL OR OTHER INSTITUTION (NAME) <b>ST. GEORGE</b>	PLACE OF DEATH <b>COOK</b>
BIRTHPLACE STATE OR REGION <b>ILLINOIS</b>	CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <b>MARRIED</b>	NAME OF SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) <b>ANTOINETTE DEAN</b>
SOCIAL SECURITY NUMBER <b>UNKNOWN</b>	USUAL OCCUPATION <b>LABORER</b>	KIND OF BUSINESS OR INDUSTRY <b>GENERAL</b>	U.S. WAR VETERAN, WAR OR DATES OF SERVICE <b>YES 1957-1959</b>
RESIDENCE <b>Illinois</b>	CITY, TOWN, TWP OR ROAD DISTRICT NO. <b>COOK</b>	INSIDE CITY (YES/NO) <b>YES</b>	STREET AND NUMBER <b>616 S. PERRY ST</b>
FATHER NAME <b>CHARLES RANDALL</b>	MOTHER MAIDEN NAME <b>WILLIE LOUIS</b>		
INFORMANT'S SIGNATURE <b>Antoinette Dean</b>	RELATIONSHIP <b>Wife</b>	MAILING ADDRESS (STREET AND NO OR R. F. D. CITY OR TOWN, STATE, ZIP) <b>616 S. Perry Ave Chicago Illinois</b>	
PART I. DEATH WAS CAUSED BY			
18. IMMEDIATE CAUSE: (a) <b>MULTIPLE FRACTURES AND INTERNAL INJURIES</b>			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS			
ACCIDENT, SUICIDE, HOMICIDE OR UNDETERMINED (SPECIFY) <b>Auto Struck</b>	DATE OF INJURY (MONTH, DAY, YEAR) <b>May 15 1968</b>	HOUR <b>1:45 P.M.</b>	HOW INJURY OCCURRED (ITEM 19a) <b>Auto Struck</b>
PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC. (SPECIFY) <b>STREET</b>	LOCATION <b>STATE ST AT 91ST ST</b>	CITY OR TOWN <b>Chicago</b>	IF YES, WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH? (YES/NO) <b>No</b>
I CERTIFY THAT IN MY OPINION, BASED UPON MY INVESTIGATION AND/OR THE INQUIRY, THIS DEATH OCCURRED ON THE DATE, AT THE PLACE AND DUE TO THE CAUSE(S) STATED, AND THAT		THE DECEDENT WAS PRONOUNCED DEAD ON	
CORONER'S SIGNATURE <b>William O. Sturmer</b>		DATE SIGNED (MONTH, DAY, YEAR) <b>May 15 1968</b>	AT <b>7:40 P.M.</b>
CORONER'S PHYSICIAN'S SIGNATURE <b>William O. Sturmer</b>		DATE SIGNED (MONTH, DAY, YEAR) <b>July 8 1968</b>	
BURIAL, CREMATION, REMOVAL (SPECIFY) <b>BURIAL</b>	CEMETERY OR CREMATORY NAME <b>BURR OAK</b>	CITY OR TOWN <b>WORTH</b>	STATE <b>ILL.</b>
FUNERAL HOME <b>A.R. LEAK</b>	STREET AND NUMBER OR R. F. D. <b>7838 S. COTTAGE GROVE</b>	CITY OR TOWN <b>CHICAGO</b>	STATE <b>ILL.</b>
FUNERAL DIRECTOR'S SIGNATURE <b>A.R. LEAK</b>	DATE SIGNED (MONTH, DAY, YEAR) <b>5/21/68</b>	ZIP <b>60619</b>	
LOCAL REGISTRAR'S SIGNATURE <b>Stenulde Gondekman</b>	DATE RECORDED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) <b>JUL 11 1968</b>		

# UNOFFICIAL COPY

SEPTEMBER 20, 2004

STATE OF ILLINOIS  
County of Cook

DAVID ORR, County Clerk

I, David Orr, County Clerk of the County of Cook, in the State aforesaid, and Keeper of the Records and Files of said County do hereby certify that the attached is a true and correct copy of the original Record on file, all of which appears from the records and files in my office.  
IN WITNESS THEREOF, I have hereunto set my hand and affixed the Seal of the County of Cook, at my office in the city of Chicago, in said County.

*David Orr*  
COUNTY CLERK

PERMANENT CERTIFICATE  
 TEMPORARY CERTIFICATE

REGISTRATION DISTRICT NO. **16.10** REGISTERED NUMBER **172 MAR '88** STATE OF ILLINOIS STATE FILE NUMBER **604950**  
**MEDICAL EXAMINER'S CERTIFICATE OF DEATH**

Type or Print in PERMANENT INK See A Manual for Clerks and Funeral Directors Handbook for INSTRUCTIONS  
A. **2-426**  
B. **DECEASED**  
C. **4803**  
D. **977**  
E. **PARENTS**

DECEASED		FIRST		MIDDLE		LAST		SEX	DATE OF DEATH		MONTH	DAY	YEAR
FRANK		RANDALL						2	3 MARCH 8, 1988				
RACE (WHITE, BLACK, AMERICAN INDIAN, ETC. (SPECIFY))		ORIGIN OR DESCENT		AGE - LAST BIRTHDAY (YRS)		UNDER 1 YEAR		UNDER 1 DAY		DATE OF BIRTH		COUNTY OF DEATH	
4a. BLACK		AMERICAN		5a. 40		5b. 40		5c. 00:00		6. AUG 26 1947		7a. Cook	
CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER		HOSPITAL OR OTHER INSTITUTION		NAME (IF NOT IN EITHER GIVE STREET AND NUMBER)								7b. DOA	
7b. CHICAGO		7c. JACKSON PARK											
STATE OF BIRTH (IF NOT IN U.S.A. NAME COUNTRY)		CITY/TWP. OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		NAME OF SURVIVING SPOUSE (MARRIAGE NAME IF WIFE)							
8. ILLINOIS		9. U.S.A.		10. MARRIED		11. BETTY SUMMERS							
SOCIAL SECURITY NUMBER		USUAL OCCUPATION		KIND OF BUSINESS OR INDUSTRY		WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO)		WAR OR DATES OF SERVICE					
12. 335-42-2362		13a. DISABLED LABORER		13b. GENERAL		13c. NO		13d.					
RESIDENCE STREET AND NUMBER		CITY/TWP. OR ROAD DISTRICT NO.		INSIDE CITY (YES/NO)		COUNTY		STATE					
14a. 4232 South HARPER		14b. CHICAGO		14c. YES		14d. COOK		14e. ILLINOIS					
FATHER - NAME		MOTHER - MAIDEN NAME											
15. FRANK RANDALL		15. OLIVIA CANNON											
INFORMANT'S NAME (TYPE OR PRINT)		RELATIONSHIP		MAILING ADDRESS		STREET AND NO. OR R.F.D. CITY OR TOWN STATE ZIP							
17a. BETTY RANDALL		17b. WIFE		17c. 4232 SO. HARPER CHICAGO ILL									

1. **4254**  
2.  
3. **CAUSE**

18. DEATH WAS CAUSED BY		PART I IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE FROM (a), (b), AND (c))		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
		(a) HYPERTROPHIC CARDIOMYOPATHY			
		(b)			
		(c)			
PART II OTHER SIGNIFICANT CONDITIONS		CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I			
20a. NATURAL		DATE OF INJURY (MONTH DAY YEAR)		HOUR	
20b.		20c.		20d.	
20e.		20f.		20g.	
20h.		20i.		20j.	

4.  
5.  
N  
P. **CERTIFIER**

I CERTIFY THAT IN MY OPINION BASED UPON MY INVESTIGATION AND/OR THE INQUIRY, THIS DEATH OCCURRED ON THE DATE AT THE PLACE AND DUE TO THE CAUSE(S) STATED, AND THAT		THE DECEDENT WAS PRONOUNCED DEAD ON		AT	
21a. Medical Examiner's Signature		21b. MARCH 8 1988		21c. 10:50 A.M.	
22. <i>Robert J. Stein, M.D.</i>		22. <i>Michael J. Chambliss, M.D.</i>		23. MARCH 9, 1988	

**DISPOSITION**

BURIAL/CREMATION (REMOVAL (SPECIFY))		CEMETERY OR CREMATORY NAME		LOCATION		CITY OR TOWN		STATE		DATE (MONTH DAY YEAR)	
24a. BURIAL		24b. RESTVALE		24c. WORTH		24d. CHICAGO		24e. ILLINOIS		24f. MARCH 11, 1988	
25a. <i>Dale Nash Ltd</i>		25b. <i>Dale Nash Ltd</i>		25c. <i>8620 Stony Island</i>		25d. <i>CHICAGO</i>		25e. <i>ILLINOIS</i>		25f. <i>66617</i>	
25g. <i>8620 Stony Island</i>		25h. <i>CHICAGO</i>		25i. <i>ILLINOIS</i>		25j. <i>66617</i>		25k. <i>6092</i>		25l. <i>6092</i>	

26a. *Michael J. Chambliss, M.D., M.P.H.*

DATE REC'D BY LOCAL REGISTRAR (MONTH DAY YEAR)		26b. MAR 9 1988	
26c. <i>Michael J. Chambliss, M.D., M.P.H.</i>		26d. <i>CHICAGO</i>	



# UNOFFICIAL COPY

SEPTEMBER 21, 2004

STATE OF ILLINOIS  
County of Cook

DAVID ORR, County Clerk

I, David Orr, County Clerk of the County of Cook, in the State aforesaid, and Keeper of the Records and Files of said County do hereby certify that the attached is a true and correct copy of the original Record on file, all of which appears from the records and files in my office.

IN WITNESS THEREOF, I have hereunto set my hand and affixed the Seal of the County of Cook, at my office in the city of Chicago, in said County.

*David Orr*  
COUNTY CLERK

DECEASED'S BIRTH NO

REGISTRATION DISTRICT NO  
**16.10**  
REGISTERED NUMBER

STATE OF ILLINOIS

STATE FILE NUMBER

## MEDICAL CERTIFICATE OF DEATH

**CC 607158**

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

DECEASED NAME 1 <b>CAROLYN HILL</b>		SEX 2 <b>FEMALE</b>	DATE OF DEATH (MONTH, DAY, YEAR) <b>APRIL 09, 1991</b>
CITY, TOWN, TWP OR ROAD DISTRICT NUMBER 4 <b>COOK</b>		AGE (LAST BIRTHDAY) (YRS) 5a <b>45</b>	DATE OF BIRTH (MONTH, DAY, YEAR) 5c <b>MAY 08, 1945</b>
CITY, TOWN, TWP OR ROAD DISTRICT NUMBER 6a <b>CHICAGO</b>		HOSPITAL OR OTHER INSTITUTION NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 6b <b>JACKSON PARK HOSPITAL</b>	
BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) 7 <b>CHICAGO, IL.</b>		IF HOSP OR INST INDICATE DO A OP-EMER RML INPATIENT (SPECIFY) 6c <b>EMER. RM.</b>	
SOCIAL SECURITY NUMBER 10 <b>350-36-1796</b>		8a <b>MARRIED</b>	
RESIDENCE (STREET AND NUMBER) 13a <b>6446 SOUTH WINCHESTER</b>		11a <b>DISABLED</b>	
STATE <b>ILLINOIS</b>		12 <b>-12-</b>	
ZIP CODE <b>60636</b>		13c <b>YES</b>	
RACE (WHITE, BLACK, INDIAN, etc.) (SPECIFY) 14a <b>BLACK</b>		13d <b>COOK</b>	

**4-026**  
**DECEASED**  
B **6713**  
C  
D **700**  
E

**PARENTS**  
15 **FRANK RANDELL**  
16 **OLIVIA CANNON**

**4254**  
**CAUSE**

FATHER NAME FIRST MIDDLE LAST 15 <b>FRANK RANDELL</b>		MOTHER NAME FIRST MIDDLE LAST 16 <b>OLIVIA CANNON</b>	
INFORMANT'S NAME (TYPE OR PRINT) 17a <b>JOHN HILL</b>		RELATIONSHIP 17b <b>HUSBAND</b>	
18 PART I Enter the diseases, or complications that caused the death. Do not enter the mode of death, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. (a) <b>Acute cardiac rejection</b> DUE TO, OR AS A CONSEQUENCE OF (b) <b>Previous cardiac transplant</b> DUE TO, OR AS A CONSEQUENCE OF (c) <b>Severe dilated cardiomyopathy</b>			
PART II Other significant conditions contributing to death but not resulting in the underlying cause given in PART I:			
DATE OF OPERATION, IF ANY 20a		MAJOR FINDINGS OF OPERATION 20b	

4  
5  
N  
P

**CERTIFIER**

11 (DID) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON (MONTH, DAY, YEAR) 21a		WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) 21b		HOUR OF DEATH 21c <b>12.05 AM</b>	
TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED				DATE SIGNED 22b <b>4/26/91</b>	
SIGNATURE 22a <i>Walter Kao, MD</i>				ILLINOIS LICENSE NUMBER 22c <b>362741829</b>	
NAME AND ADDRESS OF CERTIFIER 22b <i>Walter Kao, MD, Loyola Univ. Med Ctr, Maywood, IL 60153</i>				NOTE: IF AN BLAUNY WAS INVOLVED IN THE DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER 22c				DATE (MONTH, DAY, YEAR) 21c <b>APRIL 15, 1991</b>	

**DISPOSITION**

BURIAL, CREMATION, REMOVAL (SPECIFY) 24a <b>BURIAL</b>		CEMETERY OR CREMATORY NAME 24b <b>LINCOLN CEMETERY</b>		LOCATION 24c <b>CHICAGO, ILLINOIS</b>	
FUNERAL HOME 25a <b>GATLING'S CHAPEL INC.</b>		STREET AND NUMBER (IF ANY) <b>10433 SO. HALSTED</b>		CITY, STATE, ZIP <b>CHICAGO, ILLINOIS 60628</b>	
FUNERAL DIRECTOR'S SIGNATURE 25b <i>[Signature]</i>		LOCAL REGISTRAR'S SIGNATURE 26a <i>[Signature]</i>		DATE (MONTH, DAY, YEAR) 25c <b>APR 29 1991</b>	

# UNOFFICIAL COPY

SEPTEMBER 21, 2004

STATE OF ILLINOIS  
County of Cook

DAVID ORR, County Clerk

I, David Orr, County Clerk of the County of Cook, in the State aforesaid, and Keeper of the Records and Files of said County do hereby certify that the attached is a true and correct copy of the original Record on file, all of which appears from the records and files in my office.  
IN WITNESS THEREOF, I have hereunto set my hand and affixed the Seal of the County of Cook, at my office in the city of Chicago, in said County.

*David Orr*  
COUNTY CLERK

C 91063

FILL IN WITH TYPEWRITER OR LEGIBLE PRINTING

ORIGINAL

## STATE OF ILLINOIS CORONER'S CERTIFICATE OF DEATH

STATE FILE NUMBER

REGISTRATION DISTRICT NO. 15.10

REGISTERED NUMBER

DECEDENT'S BIRTH NO.		STATE OF ILLINOIS		REGISTRATION DISTRICT NO. 15.10		REGISTERED NUMBER	
1. PLACE OF DEATH a. STATE ILLINOIS		b. COUNTY COOK		2. USUAL RESIDENCE (Where deceased lived, if institution, residence before admission.) a. STATE ILLINOIS		b. COUNTY COOK	
c. <input checked="" type="checkbox"/> INSIDE corporate limits and in City, Village, or Incorporated Town CHICAGO, ILLINOIS		d. <input type="checkbox"/> OUTSIDE corporate limits and in Township name..... Road District No.....		e. LENGTH OF STAY IN IC or II 40 YRS		f. RESIDENCE ADDRESS (Street & No. or R.F.D. and Post Office) 1307 E. 69 STREET	
3. NAME OF DECEASED a. (FIRST) Priscilla		b. (MIDDLE) P.		c. (LAST) Randall		4. DATE OF DEATH (MONTH) (DAY) (YEAR) December 28, 1965	
5. SEX FEMALE		6. RACE NEGRO		7. MARRIED NEVER MARRIED, WIDOWED DIVORCED (specify) MARRIED		8. DATE OF BIRTH 3-22-96	
9a. USUAL OCCUPATION HOUSEWIFE		9b. KIND OF BUSINESS OR INDUSTRY HOME		9. AGE (in years last birthday) 69		10. AGE (in years if under 1 year MONTHS DAYS HOURS MIN. if under 24 hrs.)	
11. FATHER'S FULL NAME JACK RANDALL		12. MOTHER'S FULL MAIDEN NAME SARAH LEWIS		13. CITIZENSHIP OF DECEASED U.S.A.		14. CITIZENSHIP OF BIRTHPLACE (City and state or foreign country)	
15. Was deceased ever in U. S. Armed Forces? (Yes, no, or unknown) (Give war or dates of service) NO		16. SOCIAL SECURITY NUMBER 337-20-1512		17. INFORMANT a. SIGNATURE <i>Jack Randall</i>		b. ADDRESS 1307 E 69 ST	
18. MEDICAL CAUSE OF DEATH PART I DEATH WAS CAUSED BY: (Enter only one cause per line for (A), (B) and (C).) IMMEDIATE CAUSE (A) Coronary Thrombosis		due to (B) Hypertension		due to (C)		INTERVAL BETWEEN ONSET AND DEATH Sudden	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		RELATIONSHIP TO DECEASED HUSBAND	
21a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> UNDETERMINED <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. INJURED AT (CITY, TOWNSHIP, OR LOCATION) (COUNTY) (STATE)		21. HOW DID INJURY OCCUR?	
22a. Upon medical investigation I find this death was caused as stated above. DATE: 12-29-65 SIGNED: <i>Henry J. Schumberg</i>		22b. Upon official investigation I find the person described died as stated above. DATE: _____ SIGNED: _____		23. DISPOSITION: BURIAL-REMOVAL CEMETERY LOCATION MOUNT GLEWOOD BLOOMINGHILL		24. FUNERAL DIRECTOR SIGNED: <i>Andrew J. Tomaszewski</i> ADDRESS: 1400 E 77 CHICAGO, ILL. License Number 6109	

DEC 30 1965

STATE OF ILLINOIS DEPARTMENT OF PUBLIC HEALTH  
BUREAU OF STATISTICS

Received for filing on

*David Orr*

# UNOFFICIAL COPY

SEPTEMBER 21, 2004

STATE OF ILLINOIS  
County of Cook

DAVID ORR, County Clerk

I, David Orr, County Clerk of the County of Cook, in the State aforesaid, and Keeper of the Records and Files of said County do hereby certify that the attached is a true and correct copy of the original Record on file, all of which appears from the records and files in my office.

IN WITNESS THEREOF, I have hereunto set my hand and affixed the Seal of the County of Cook, at my office in the city of Chicago, in said County.

*David Orr*  
COUNTY CLERK

STATE OF ILLINOIS  
STATISTICAL NUMBER  
**6610580**

## MEDICAL CERTIFICATE OF DEATH

IRTH NO.	REGISTRATION DISTRICT NO. <b>16.10</b>	STATE OF ILLINOIS		STATISTICAL NUMBER <b>6610580</b>	
	REGISTERED NUMBER				
DECEASED - NAME					
1. DECEASED - NAME	FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH DAY YEAR)
	<b>DAVID</b>		<b>RANDALL</b>	<b>MALE</b>	<b>3 MAY 7 1979</b>
RACE - (WHITE, BLACK, AMERICAN INDIAN OR DESCENT, INDIAN, ETC.) (SPECIFY)		AGE - LAST BIRTHDAY (YRS)	UNDER 1 YEAR	UNDER 1 DAY	DATE OF BIRTH (MO. DAY YEAR)
<b>BLACK</b>		<b>85</b>			<b>6 JUNE 7 1893</b>
CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER		HOSPITAL OR OTHER INSTITUTION - NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)		COUNTY OF DEATH	
<b>Chicago</b>		<b>JACKSON PARK HOSPITAL</b>		<b>Cook</b>	
STATE OF BIRTH (IF NOT IN U.S.A. NAME COUNTRY)	CITIZEN OF WHAT COUNTRY	MARRIED - NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		NAME OF SURVIVING SPOUSE (MAIDEN NAME IF WIFE)	
<b>MISSISSIPPI</b>	<b>U.S.A.</b>	<b>WIDOWED</b>		<b>None</b>	
SOCIAL SECURITY NUMBER	USUAL OCCUPATION	KIND OF BUSINESS OR INDUSTRY		U.S. WAR VETERAN (YES/NO)	
<b>349-01-5290</b>	<b>Laborer</b>	<b>Railroad</b>		<b>NO</b>	
RESIDENCE STREET AND NUMBER	CITY, TOWN, TWP. OR ROAD DISTRICT NO.	INSIDE CITY (YES/NO)	COUNTY	STATE	
<b>1307 E. 69TH ST.</b>	<b>CHICAGO</b>	<b>YES</b>	<b>COOK</b>	<b>ILLINOIS</b>	
FATHER - NAME	FIRST	MIDDLE	LAST	MOTHER - MAIDEN NAME	FIRST
<b>Suber</b>	<b>Reverly</b>		<b>Randall</b>	<b>Sarah</b>	<b>JOHNSON</b>
INFORMANT'S SIGNATURE		RELATIONSHIP	MAILING ADDRESS (IS/STREET AND NO OR R.F.D. CITY OR TOWN STATE ZIP)		
<i>Sylvia Eruen</i>		<b>REGISTRAR</b>	<b>7531 STONY ISLAND - CHICAGO, IL</b>		
18 DEATH WAS CAUSED BY: (ENTER ONE CAUSE PER LINE FOR (a), (b), AND (c))					
PART I. IMMEDIATE CAUSE				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
(a) <i>Myocardial infarction</i>				<i>8 days</i>	
(b) DUE TO OR AS A CONSEQUENCE OF					
(c) DUE TO OR AS A CONSEQUENCE OF					
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)					
<i>Dehydration, Anemia, Hypertensive heart disease</i>					
DATE OF OPERATION, IF ANY	MAJOR FINDINGS OF OPERATION	AUTOPSY (YES/NO)		IF YES, WERE FINDINGS CONFIRMED IN DETERMINING CAUSE OF DEATH?	
		<b>NO</b>		<b>NO</b>	
I ATTENDED THE DECEASED FROM (MONTH DAY YEAR)		AND LAST SAW HIM/HER ALIVE OR (MONTH DAY YEAR)		HOUR OF DEATH	
<b>Nov 12 1977</b> TO <b>Nov 7 1977</b>		<b>Nov 7 1977</b>		<b>7 PM</b>	
TO THE BEST OF MY KNOWLEDGE, THE DEATH OCCURRED AT THE TIME, DATE, AND PLACE AND DUE TO THE CAUSE(S) LISTED		DATE SIGNED (MONTH DAY YEAR)			
SIGNATURE		NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)		ILLINOIS LICENSE NUMBER	
<i>David Orr</i>		<b>DR. K.O.N. TSAL M.D. 7531 Stony Island Ave. Chicago</b>		<b>3649719</b>	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)		NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH, THE MEDICAL EXAMINER MUST BE NOTIFIED			
BURIAL CREMATION REMOVAL (SPECIFY)		CEMETERY OR CREMATORY - NAME		LOCATION CITY OR TOWN STATE DATE (MONTH DAY YEAR)	
<b>Burial</b>		<b>Mt Glenwood</b>		<b>Thornton Ill 5 14 79</b>	
FUNERAL HOME NAME		STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE ZIP		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER	
<b>A.B. Leak</b>		<b>7838 S. Cottage Grove Chicago Ill 60619</b>		<b>4390</b>	
LOCAL REGISTRAR'S SIGNATURE		CHICAGO DEPT. OF HEALTH RICHARD J. DALEY CENTER, ROOM 111 CONCOURSE LEVEL, CHICAGO 60607		DATE RECD BY LOCAL REGISTRAR (MONTH DAY YEAR)	
<i>David Orr</i>				<b>MAY 11 1979</b>	



# UNOFFICIAL COPY

SEPTEMBER 21, 2004

STATE OF ILLINOIS  
County of Cook)

DAVID ORR, County Clerk

I, David Orr, County Clerk of the County of Cook, in the State aforesaid, and Keeper of the Records and Files of said County do hereby certify that the attached is a true and correct copy of the original Record on file, all of which appears from the records and files in my office.

IN WITNESS THEREOF, I have hereunto set my hand and affixed the Seal of the County of Cook, at my office in the city of Chicago, in said County.

*David Orr*  
COUNTY CLERK

REGISTRATION DISTRICT NO. <b>14.10</b>	STATE OF ILLINOIS	STATE FILE NUMBER <b>610158</b>
<b>MEDICAL CERTIFICATE OF DEATH</b>		
DECEASED—NAME 1. <b>Frank Randall, Sr</b>		SEX 2. <b>Male</b>
DATE OF DEATH (MONTH, DAY, YEAR) 3. <b>April 19, 1976</b>		
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY) 4. <b>Negro</b>	AGE—LAST BIRTHDAY (YRS.) 5a. <b>52</b>	UNDER YEAR UNDER DAY 5b. <b>0</b> 5c. <b>0</b>
DATE OF BIRTH (MONTH, DAY, YEAR) 6. <b>June 28, 1924</b>		PLACE OF DEATH COUNTY 7a. <b>Cook</b>
CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER 7b. <b>Chicago</b>	HOSPITAL OR OTHER INSTITUTION—NAME 7d. <b>Cook County Hospital</b>	(IF NOT IN EITHER, GIVE STREET AND NUMBER)
BIRTHPLACE (STATE OR FOREIGN COUNTRY) 8. <b>Illinois</b>	CITIZEN OF WHAT COUNTRY 9. <b>U.S.A.</b>	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 10. <b>Married</b>
SOCIAL SECURITY NUMBER 12. <b>344 12 7255</b>	USUAL OCCUPATION 13a. <b>Laborer</b>	KIND OF BUSINESS OR INDUSTRY 13b. <b>Railroad</b>
RESIDENCE STATE COUNTY 14a. <b>Illinois Cook</b>	CITY, TWP. OR ROAD DISTRICT NO. 14c. <b>Chicago</b>	INSIDE CITY (YES/NO) 14d. <b>Yes</b>
FATHER—NAME 15. <b>Clem Randall</b>		MOTHER—Maiden Name 16. <b>Priscilla Randall</b>
INFORMANT'S SIGNATURE 17a. <i>Lee Bertha Richard</i>		RELATIONSHIP 17b. <b>Records</b>
DEATH WAS CAUSED BY: PART I. IMMEDIATE CAUSE [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(a) <b>CARDIO PULMONARY ARREST</b>		
(b) <b>Acute Myocardial Infarction</b>		
(c) <b>Congestive Heart Failure</b>		
PART II. OTHER SIGNIFICANT CONDITIONS/CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)		
DATE OF OPERATION, IF ANY 20a.	MAJOR FINDINGS OF OPERATION 20b.	AUTOPSY (YES/NO) 19a. <b>No</b>
I ATTENDED THE DECEASED FROM: 21a. <b>04 14 76</b>	AND LAST SAW HIM/HER ALIVE ON: 21b. <b>04 19 76</b>	IF YES, NFAE FINDING OR EVIDENCE IN DETERMINING CAUSE 19b. <b>No</b>
I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE THIS DEATH OCCURRED ON THE DATE, AT THE TIME AND PLACE, AND FROM THE CAUSE(S) STATED		NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH, THE CORONER MUST BE NOTIFIED.
SIGNATURE 22a. <i>Brooks D. Myers</i>		DATE SIGNED (MONTH, DAY, YEAR) 22b. <b>4-19-76</b>
MAILING ADDRESS—CERTIFIER 23. <b>1835 W. Harrison Chicago Illinois 60612</b>		ILLINOIS LICENSE NUMBER 22c. <b>36-57082</b>
BURIAL CREMATION, REMOVAL (SPECIFY) 24a. <b>BURIAL</b>	CEMETERY OR CREMATORY—NAME 24b. <b>LINCOLN</b>	LOCATION CITY OR TOWN STATE DATE (MONTH, DAY, YEAR) 24c. <b>BLUE ISLAND, ILLINOIS APR 23 1976</b>
FUNERAL HOME NAME 25a. <b>CARTER FUNERAL CHAPEL</b>	STREET AND NUMBER OR R. F. D. CITY OR TOWN STATE 25b. <b>2100 East 75th Street Chicago, Illinois 60649</b>	FUNERAL DIRECTOR'S SIGNATURE 25c. <i>James Joseph Carter, Jr.</i>
LOCAL REGISTRAR'S SIGNATURE 26a. <i>Wayne J. Brown</i>	CHICAGO BOARD OF HEALTH Chicago Civic Center, Room 105 Congress Level, Chicago 60602-26b.	FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 25d. <b>6502</b>
DATE REC'D. BY LOCAL REGISTRAR (MONTH, DAY, YEAR) 26c. <b>APR 22 1976</b>		

MAKER MD

BASED ON 1968 U. S. STANDARD CERTIFICATE



# UNOFFICIAL COPY

SEPTEMBER 21, 2004

STATE OF ILLINOIS)

County of Cook)

**DAVID ORR, County Clerk**

I, David Orr, County Clerk of the County of Cook, in the State aforesaid, and Keeper of the Records and Files of said County do hereby certify that the attached is a true and correct copy of the original Record on file, all of which appears from the records and files in my office.

IN WITNESS THEREOF, I have hereunto set my hand and affixed the Seal of the County of Cook at my office in the city of Chicago, in said County.

*David Orr*  
COUNTY CLERK

REGISTRATION DISTRICT NO. 1802  
REGISTERED NUMBER 602

STATE OF ILLINOIS  
**MEDICAL CERTIFICATE OF DEATH** COUNTY FILE NUMBER

LOCAL RECORD

1. DECEASED—NAME FIRST: <b>WILSON</b> MIDDLE: LAST: <b>RANDALL</b>		2. SEX: <b>Male</b>	3. DATE OF DEATH (MONTH, DAY, YEAR): <b>September 2, 1969</b>
4. RACE (SPECIFY): <b>Negro</b>	5. AGE—LAST BIRTHDAY (YRS.) 5a. <b>52</b>	6. DATE OF BIRTH (MONTH, DAY, YEAR) 5b. <b>Oct. 31, 1916</b>	7. PLACE OF DEATH COUNTY: <b>COOK</b>
7b. CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER: <b>PROVISO TOWNSHIP</b>		7c. INSIDE CITY (YES/NO): <b>NO</b>	
8. BIRTHPLACE (STATE OR FOREIGN COUNTRY): <b>Illinois</b>		9. CITIZEN OF WHAT COUNTRY: <b>USA</b>	
10. SOCIAL SECURITY NUMBER: <b>322-14-4100</b>		11. USUAL OCCUPATION: <b>Butcher</b>	
12. RESIDENCE STATE: <b>Illinois</b>		13. COUNTY: <b>Cook</b>	
14a. FATHER—NAME FIRST: <b>Clem</b> MIDDLE: LAST: <b>Randall</b>		14b. MOTHER—MAIDEN NAME FIRST: <b>Priscilla</b> MIDDLE: LAST: <b>Mattie</b>	
15. INFORMANT'S SIGNATURE: <b>PETER A. JENNINGS, Chief, Med. Adm. Div.</b>		16. RELATIONSHIP: <b>Hospital records</b>	
17a. Mailing Address: <b>VETERANS ADM., HINES, ILL. 60141</b>		17b. (STREET AND NO. OR R. F. D., CITY OR TOWN, STATE, ZIP)	

**PART I. DEATH WAS CAUSED BY:** (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))

18. IMMEDIATE CAUSE: <b>Bronchopneumonia, bilateral, terminal organism, Klebsiella, type of</b>	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: <b>Unknown</b>
(a) DUE TO OR AS A CONSEQUENCE OF:	
(b) DUE TO OR AS A CONSEQUENCE OF:	
(c) DUE TO OR AS A CONSEQUENCE OF:	

**PART II. OTHER SIGNIFICANT CONDITIONS:** CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)

DATE OF OPERATION, IF ANY, MAJOR FINDINGS OF OPERATION: \_\_\_\_\_

20a. \_\_\_\_\_ 20b. \_\_\_\_\_

19a. AUTOPSY (YES/NO): **No** 19b. IF YES, WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH: \_\_\_\_\_

21. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE THIS DEATH OCCURRED AT **4:20 a. m.** ON THE DATE, AT THE PLACE AND FROM THE CAUSE(S) STATED

NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH, THE CORPNER MUST BE NOTIFIED.

21a. ATTENDED THE DECEASED FROM: MONTH: **Aug. 25 69** TO MONTH: **Sept. 2, 69** AND LAST SAW HIM/HER ALIVE ON: \_\_\_\_\_

22a. SIGNATURE: **RICHARD W. WELCH, M.D.** DATE SIGNED (MONTH, DAY, YEAR): **Sept. 2, 1969** ILLINOIS LICENSE NUMBER: **36-42524**

22b. MAILING ADDRESS—CERTIFIER: **VETERANS ADM., HINES, ILL. 60141** STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

23. BURIAL, CREMATION, REMOVAL (SPECIFY): **Burial** CEMETERY OR CREMATORY—NAME: **Mt. Glenwood** LOCATION: **Thornton, Illinois** DATE (MONTH, DAY, YEAR): **Sept. 5, 1969**

24a. FUNERAL HOME NAME: **Carters Funeral Chapels, 851 East 75th St., Chicago, Ill. 60619** STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

25a. FUNERAL DIRECTOR'S SIGNATURE: **HARRY JOSEPH CARTER, JR.** FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER: **5502**

25b. LOCAL REGISTRAR'S SIGNATURE: *[Signature]* DATE REC'D BY LOCAL REGISTRAR (MONTH, DAY, YEAR): **SEP 2 1969**

# UNOFFICIAL COPY

SEPTEMBER 21, 2004

STATE OF ILLINOIS

County of Cook

DAVID ORR, County Clerk

I, David Orr, County Clerk of the County of Cook, in the State aforesaid, and Keeper of the Records and Files of said County do hereby certify that the attached is a true and correct copy of the original Record on file, all of which appears from the records and files in my office.

IN WITNESS THEREOF, I have hereunto set my hand and affixed the Seal of the County of Cook, at my office in the city of Chicago, in said County.

*David Orr*  
COUNTY CLERK

BIRTH NO.	REGISTRATION DISTRICT NO. <b>16.10</b>	STATE OF ILLINOIS	STATE FILE NUMBER <b>603175</b>
REGISTERED NUMBER		<b>MEDICAL CERTIFICATE OF DEATH</b>	
DECEASED NAME FIRST MIDDLE LAST <b>DOROTHY Zippora Ree HOWARD</b>		SEX <b>2 FEMALE</b>	DATE OF DEATH (MONTH DAY YEAR) <b>3 FEBRUARY 27, 1997</b>
COUNTY OF DEATH <b>4 COOK</b>	AGE - LAST BIRTHDAY (YRS) 5a <b>74</b>	UNDER 1 YEAR 5b UNDER 1 DAY 5c	DATE OF BIRTH (MONTH DAY YEAR) 5d <b>July 13, 1922</b>
CITY TOWN TWP. OR ROAD DISTRICT NUMBER <b>6a CHICAGO</b>	HOSPITAL OR OTHER INSTITUTION - NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) <b>6b JACKSON PARK HOSPITAL</b>		IF HOSP. OR INST. INDICATE D.O.A. OR EMER. RM. INPATIENT (SPECIFY) <b>6c INPATIENT</b>
BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) <b>7 Chicago, IL</b>	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <b>8a Widowed</b>	NAME OF SURVIVING SPOUSE (MAIDEN NAME IF WIFE) <b>8b None</b>	
SOCIAL SECURITY NUMBER <b>10 337-20-1511</b>	USUAL OCCUPATION <b>11a Homemaker</b>	KIND OF BUSINESS OR INDUSTRY <b>11b Domestic</b>	EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) <b>12 12 -0-</b>
RESIDENCE (STREET AND NUMBER) <b>13a 1307 East 69th Street</b>		CITY TOWN TWP. OR ROAD DISTRICT NO. <b>13b Chicago</b>	INSIDE CITY (YES-NO) <b>13c Yes</b>
STATE <b>13e Illinois</b>	ZIP CODE <b>13f 60637</b>	RACE (WHITE, BLACK, AMERICAN INDIAN, ETC.) (SPECIFY) <b>14a Black</b>	OF HISPANIC ORIGIN? (SPECIFY NO OR YES. IF YES SPECIFY CUBAN, MEXICAN, PUERTO RICAN, ETC.) <b>14b NO</b>
FATHER - NAME FIRST MIDDLE LAST <b>15 Clim Randall</b>		MOTHER - NAME FIRST MIDDLE (MAIDEN) LAST <b>Princella Berry</b>	
INFORMANT'S NAME (TYPE OR PRINT) <b>17a Michael Howard</b>		RELATIONSHIP <b>17b Son</b>	MAILING ADDRESS (STREET AND NO. OR P.O. BOX) CITY OR TOWN STATE ZIP <b>17c 1307 East 69th Street Chicago, IL 60637</b>
<b>18 PART I</b> 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.			
Immediate Cause (Final disease or condition resulting in death)	<b>(a) Cancer nasopharyngeal metastatic</b>		APPROXIMATE INTERVAL OF INTERVALE AND OF BIRTH
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST	<b>(b) Myelofibrosis</b>		
	<b>(c)</b>		
<b>PART II</b> Other significant conditions contributing to death but not resulting in the underlying cause given in PART I <b>(Cardiomegaly, Calcification of Aorta)</b>			
DATE OF OPERATION, IF ANY <b>20a</b>	MAJOR FINDINGS OF OPERATION <b>20b</b>	AUTOPSY (YES-NO) <b>19a No</b>	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETE CAUSE OF DEATH? (YES-NO) <b>19b</b>
I (DID) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON <b>21a February 26, 1997</b>		WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES-NO) <b>21b No</b>	HOUR OF DEATH <b>21c 7:20 A.M.</b>
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) <b>22b 3/5/97</b>
SIGNATURE <b>22a MARY CIPRIANI M.D.</b>		ILLINOIS LICENSE NUMBER <b>22d 036052195</b>	
NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) <b>22c MARY CIPRIANI M.D. 7531 STONY ISLAND AVE</b>		NOTE IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED	
BURIAL, CREMATION, REMOVAL (SPECIFY) <b>24a Burial</b>	CEMETERY OR CREMATORY - NAME <b>24b Mt. Hope Cemetery</b>	LOCATION CITY OR TOWN STATE <b>24c Chicago, Illinois</b>	DATE (MONTH DAY YEAR) <b>24d March 5, 1997</b>
FUNERAL HOME NAME <b>25a Gatling's Chapel INC 10133 South Halsted Chicago, Illinois 60628</b>	FUNERAL DIRECTOR'S SIGNATURE <b>25b</b>		
LOCAL REGISTRAR'S SIGNATURE <b>26a</b>	FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER <b>25c 034014448</b>		DATE FILED BY LOCAL REGISTRAR (MONTH DAY YEAR) <b>26b February 28, 1997</b>

# UNOFFICIAL COPY

SEPTEMBER 22, 2004

STATE OF ILLINOIS  
County of Cook)

DAVID ORR, County Clerk

I, David Orr, County Clerk of the County of Cook, in the State aforesaid, and Keeper of the Records and Files of said County do hereby certify that the attached is a true and correct copy of the original Record on file, all of which appears from the records and files in my office.

IN WITNESS THEREOF, I have hereunto set my hand and affixed the Seal of the County of Cook, at my office in the city of Chicago, In said County.

*David Orr*  
COUNTY CLERK

DECEDENT'S BIRTH NO.	REGISTRATION DISTRICT NO. <b>16.10</b>	STATE OF ILLINOIS	STATE FILE NUMBER <b>612956</b>	
<b>MEDICAL CERTIFICATE OF DEATH</b>				
Type or Print in PERMANENT INK See Funeral Directors, Hospital, or Physicians Handbook for INSTRUCTIONS  A 1-021 B 42.05 C D 78.3 E  1 1579 2 3  CAUSE  4 5 N P  CERTIFIER  DISPOSITION	1 DECEASED-NAME FIRST MIDDLE LAST <b>CHARLES EARLEY RANDALL</b>	SEX <b>2 MALE</b>	DATE OF DEATH (MONTH, DAY, YEAR) <b>3 JULY 2, 1991</b>	
	2 COUNTY OF DEATH <b>4 COOK</b>	AGE-LAST BIRTHDAY (YRS) MONTHS DAYS <b>5a 57</b>	UNDER 1 YEAR UNDER 1 DAY <b>5b 5c</b>	DATE OF BIRTH (MONTH, DAY, YEAR) <b>5d October 1933</b>
	3 CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER <b>6a CHICAGO</b>	6b HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) <b>HOLY CROSS HOSPITAL</b>		6c IF HOSP. OR INST. INDICATE D.O.A. OF MEMBER, P.A.I. INPATIENT (SPECIFY) <b>INPATIENT</b>
	4 BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) <b>Atlanta, Ga.</b>	8a MARRIED, NEVER MARRIED, WIDOWED, OR DIVORCED (SPECIFY) <b>Widower</b>	8b NAME OF SURVIVING SPOUSE (MAIDEN NAME IF WIFE)	
	5 SOCIAL SECURITY NUMBER <b>10 360 44 6711 A</b>	11 USUAL OCCUPATION <b>Janitor</b>	11b KIND OF BUSINESS OR INDUSTRY <b>Y.M.C.A.</b>	12 EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) <b>8th</b>
	6 RESIDENCE (STREET AND NUMBER) <b>13a 740 East 61st. Street</b>	13b CITY, TOWN, TWP. OR ROAD DISTRICT NO. <b>Chicago</b>	13c INSIDE CITY (YES/NO) <b>Yes</b>	13d COUNTY <b>Cook</b>
	7 STATE <b>Illinois</b>	8 ZIP CODE <b>13f 60637</b>	9 RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) <b>Black</b>	10 OF HISPANIC ORIGIN? (SPECIFY NO OR YES-IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.) <b>NO</b>
	14 FATHER-NAME FIRST MIDDLE LAST <b>Charles Randall</b>		15 MOTHER-NAME FIRST MIDDLE LAST (MAIDEN) LAST <b>Pauline Lawrence</b>	
	16 INFORMANT'S NAME (TYPE OR PRINT) <b>Pauline Rairford</b>		17 RELATIONSHIP <b>Mother</b>	
	18 MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) <b>5918 S. Ca. Center Chgo. IL, 60621</b>		19	
18. P/R/T/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. Immediate Cause (Final disease or condition resulting in death) → (a) <b>PANCREATIC CARCINOMA</b> DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c) PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.				
20a DATE OF OPERATION, IF ANY		20b MAJOR FINDINGS OF OPERATION		
21a (I) (D) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON (MONTH, DAY, YEAR) <b>July 1, 1991</b>		21b WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) <b>NO</b>		
22a SIGNATURE <b>B. G. Shreenivas</b>		21c HOUR OF DEATH <b>2:25 PM</b>		
22b NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) <b>DR. BINDIGANAVILE SHREENIVAS, 3107 W 71ST ST., CHICAGO IL</b>		22c DATE SIGNED (MONTH, DAY, YEAR) <b>JULY 2, 1991</b>		
22d NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)		22d ILLINOIS LICENSE NUMBER <b>36-53085</b>		
23 BURIAL, CREMATION, REMOVAL (SPECIFY) <b>Burial</b>		23c CEMETERY OR CREMATORY-NAME <b>Mount Glenwood</b>		
24a FUNERAL HOME NAME <b>CARTER FUNERAL CHAPELS, Ltd. 2100 East 75th Street Chicago Illinois 60649</b>		24b LOCATION CITY OR TOWN STATE DATE (MONTH, DAY, YEAR) <b>Glenwood, Illinois JUL 11 1991</b>		
25a FUNERAL DIRECTOR'S SIGNATURE <b>Alfred Carter</b>		25b FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER <b>034-011900</b>		
25c LOCAL REGISTRAR'S SIGNATURE <b>Michael Parker, MBA</b>		25c DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) <b>JUL 09 1991</b>		