

UNOFFICIAL COPY

STATE FILE NUMBER

STATE OF ILLINOIS

MEDICAL CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. 16.9
REGISTERED NUMBER 152

Form with fields for DECEASED-NAME (JOSEPH JACKSON), COUNTY OF DEATH (COOK), DATE OF DEATH (MARCH 27, 2000), SEX (MALE), DATE OF BIRTH (DECEMBER 5, 1916), MARRIAGE STATUS (MARRIED), BIRTHPLACE (Town Creek, AL), SOCIAL SECURITY NUMBER (337-05-1932), RESIDENCE (8115 South Rhodes, Illinois), RACE (Black), FATHER'S NAME (Charles), MOTHER'S NAME (Pearl), DEATH CAUSE (Death Bronchopneumonia Congestive Heart Failure Coronary Artery Disease), DATE OF OPERATION (MARCH 24, 2000), SIGNATURE (John T. Novack), and DISPOSITION (Burial at Lincoln Funeral Parlors, Inc).

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

DECEASED

PARENTS

CAUSE

CERTIFIER

DISPOSITION

I HEREBY CERTIFY THAT THE FOREGOING IS A TRUE AND CORRECT COPY OF THE DEATH RECORD FOR THE DECEDENT NAMED IN ITEM #1 AND THAT THIS RECORD WAS ESTABLISHED AND FILED IN MY OFFICE IN ACCORDANCE WITH THE PROVISIONS OF THE ILLINOIS STATUES RELATING TO THE REGISTRATION OF STILLBIRTHS, BIRTHS AND DEATHS.

DATED: March 30, 2000 SIGNED: John T. Novack LOCAL REGISTRAR
SIGNED: Leah J. Vandenberg DEPUTY REGISTRAR, TINLEY PARK, ILLINOIS