

REGISTRATION DISTRICT NO. **16.10**

REGISTERED NUMBER

STATE OF ILLINOIS

MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER **611383**

DECEASED-NAME **Jones** FIRST **Jones** MIDDLE **K.** LAST **Lamar** SEX **2 Male** DATE OF DEATH (MONTH, DAY, YEAR) **3 August 01, 2003**

CITY TOWN, TWP. OR ROAD DISTRICT NUMBER **4 Cook** COUNTY OF DEATH **Chicago** AGE-LAST BIRTHDAY (YRS) **5a. 82** UNDER 1 DAY MOS. **5b.** UNDER 1 DAY HOURS **5c.** DATE OF BIRTH (MONTH, DAY, YEAR) **5d. February 05, 1921**

HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT NEITHER, GIVE STREET AND NUMBER) **6b. Louis A. Weiss Memorial Hospital** IF HOSP. OR INST. INDICATE D.O.A. OR OTHER FM. INPATIENT (SPECIFY) **6c. Inpatient**

BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) **7. Cook IL** MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) **8a. MARRIED** NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) **Carolyn Wimberly**

SOCIAL SECURITY NUMBER **10. 252-16-5652** USUAL OCCUPATION **11a. TEACHER** KIND OF BUSINESS OR INDUSTRY **11b. Public School** EDUCATION (SPECIFY HIGHEST GRADE COMPLETED) **12. College (1-4 or 5-1)**

RESIDENCE (STREET AND NUMBER) **13a. 8001 S. Michigan Ave.** CITY, TOWN, TWP. OR ROAD DISTRICT NO. **13b. Chicago** OF HISPANIC ORIGIN? (SPECIFY AND OR YES-IF YES, SPECIFY CUBAN, MEXICAN, ETC.) **13c. Yes** COUNTY **13d. Cook**

STATE **13a. Illinois** ZIP CODE **13b. 60619** RACE (WHITE, BLACK, AMERICAN INDIAN, ETC.) (SPECIFY) **14a. Black** MOTHER-NAME FIRST **14b. LELLA** MIDDLE **14c. JONES** LAST

FATHER-NAME FIRST **15a. JESSIE** MIDDLE **15b. LAMAR** MOTHER-NAME FIRST **16. LELLA** MIDDLE **16. JONES** LAST

DECEASED'S NAME (TYPE OR PRINT) **17a. Celia A. Hanke** RELATIONSHIP **17b. Hospital Records** MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) **17c. 4646 N. Marine Dr Chicago, IL 60640**

18 PART I Immediate Cause (Final disease or condition resulting in death) **18. Progressive Heart Failure**

19 CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (A) STATING THE UNDERLYING CAUSE LAST. **19. Progressive Heart Failure**

PART II. Other significant conditions contributing to death but not resulting in the underlying causes given in PART I.

DATE OF OPERATION, IF ANY **20a.** MAJOR FINDINGS OF OPERATION **20b.** WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) **20c.** IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? **20d.** HOUR OF DEATH **21c. 00:45 AM M.**

21a. TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED. **21b. Yes** **21c. Aug 4, 2003**

22a. SIGNATURE **22b. Illinois License Number 036-068769**

22c. ANNIE JOHN MD 4646 N. Marine Dr. Chicago, Illinois 60640

23. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) **24b. Cook IL** MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) **24c. MARRIED** NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) **24d. Carolyn Wimberly**

25a. FUNERAL DIRECTOR'S SIGNATURE **25b. Carolyn B. Taylor** FUNERAL HOME **25c. #034-010097**

STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO

AUG 6 2003

I, JOHN L. WILHELM M.D., LOCAL REGISTRAR OF VITAL STATISTICS OF THE CITY OF CHICAGO, DO HEREBY CERTIFY THAT I AM THE KEEPER OF THE RECORDS OF BIRTHS, STILLBIRTHS AND DEATHS FOR THE CITY OF CHICAGO BY VIRTUE OF THE LAWS OF THE STATE OF ILLINOIS AND THE ORDINANCES OF THE CITY OF CHICAGO; THAT THE ACCOMPANYING CERTIFICATE ON THIS SHEET IS A TRUE COPY OF A RECORD KEPT BY ME IN OBDINANCE OF SAID LAW AND ORDINANCES.

CITY OF CHICAGO
DEPARTMENT OF PUBLIC HEALTH

THIS CERTIFICATE COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.

