

STATE OF ILLINOIS

STATE FILE NUMBER

MEDICAL CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. 6.0		REGISTERED NUMBER	
DECEASED-NAME FIRST MIDDLE LAST MARION RICHARD			SEX 2 FEMALE
DATE OF DEATH (MONTH, DAY, YEAR) 3 OCTOBER 20 1990			
COUNTY OF DEATH 4 COOK	AGE-LAST BIRTHDAY (YRS) 5a. 82	UNDER 1 YEAR MOS 5b.	UNDER 1 DAY HOURS 5c.
CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER 6a. PALOS HEIGHTS		HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 6b. PALOS COMMUNITY HOSPITAL	IF HOSP. OR INST. INDICATE D.O.A. OF/EMER. RM. INPATIENT (SPECIFY) 6c. INPATIENT
BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) 7 ITALY	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 3a. WIDOWED	NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) 8b. None	WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO) 9. NO
SOCIAL SECURITY NUMBER 10. 348-38-2800	USUAL OCCUPATION 11a. HOMEMAKER	KIND OF BUSINESS OR INDUSTRY 11b. Own Home	EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) Elementary; Secondary (9-12) _____ College (1-4 or 5-1) _____ 12. 8TH
RESIDENCE (STREET AND NUMBER) 13a. 12812 S MOBILE AVE	CITY, TOWN, TWP. OR ROAD DISTRICT NO. 13b. PALOS HEIGHTS	INSIDE CITY (YES/NO) 13c. YES	COUNTY 13d. COOK
STATE 13e. ILLINOIS	ZIP CODE 13f. 60463	RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) 14a. WHITE	OF HISPANIC ORIGIN? (SPECIFY NO OR YES-IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.) 14b. NO YES SPECIFY: _____
FATHER-NAME FIRST MIDDLE LAST 15. DOMINICK CIAO	MOTHER-NAME FIRST MIDDLE LAST 16. Josephine Lettero	MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) 17c. 123 & 80TH AVE PALOS HEIGHTS IL	
INFORMANT'S NAME (TYPE OR PRINT) 17a. MARILYN R SLUIS		RELATIONSHIP HOSPITAL RECORD	
18. PART 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.			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Immediate Cause (Final disease or condition resulting in death)	(a) Respiratory arrest DUE TO, OR AS A CONSEQUENCE OF		min
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.	(b) Pneumonia DUE TO, OR AS A CONSEQUENCE OF		days
	(c) Severe debentia		years
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.			19a. AUTOPSY (YES/NO) NO
			19b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO) NO
DATE OF OPERATION, IF ANY	MAJOR FINDINGS OF OPERATION		20c. IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a.	20b.		21c. HOUR OF DEATH 17:15 M.
21a. (1) DID (NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON Oct. 19, 1990	21b. WAS CORONER OF MEDICAL EXAMINER NOTIFIED? NO		21d. DATE SIGNED (MONTH, DAY, YEAR) Oct. 20, 1990
22a. SIGNATURE Michael Lynch			22d. ILLINOIS LICENSE NUMBER 036064572
22b. NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) Michael J. Lynch 15234 S. Harlowm			NOTE: IF AN INMARRY WAS INVOLVED IN THE DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.
22c. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) 24a. Burial	CEMETERY OR CREMATORY-NAME 24b. Holy Sepulchre	LOCATION CITY OR TOWN STATE 24c. Worth, Illinois	DATE (MONTH, DAY, YEAR) 24d. Oct. 24, 1990
25a. FUNERAL HOME NAME STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE Beverly Ridge Funeral Home 10415 South Kedzie Ave. Chicago, Illinois 60655			25c. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 6148
25b. FUNERAL DIRECTOR'S SIGNATURE James Melka			25d. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) October 23, 1990
26a. LOCAL REGISTRAR'S SIGNATURE James Melka			26b. REGISTRAR

HEREBY CERTIFY THAT the foregoing is 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 Statutes relating to the registration of births, marriages and deaths.
 SIGNED *Malvine McLeary*

JUN 14 1991