

UNOFFICIAL COPY

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent named at item 3 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, stillbirths and deaths.

DATE JAN 6 1986 Oak Park, Illinois.

SIGNED _____

James Haggerty, R.D., J.P.H.
 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 or the local registrar or the county clerk shall be prima facie evidence in all courts and places of the facts therein stated.

REGISTRATION DISTRICT NO. 16-24
 REGISTERED NUMBER 7

MEDICAL CERTIFICATE OF DEATH

STATE OF ILLINOIS

STATE FILE NUMBER

DECEASED—NAME LESLIE G. TINGLEY SEX Male DATE OF BIRTH April 10 1903 COUNTY OF DEATH Cook

1. RACE—(WHITE, BLACK, AMERICAN INDIAN, ETC.) White ORIGIN OR DESCENT American AGE—(IN YEARS) 82 UNDER 1 YEAR 1 YEAR 1 MONTH 1 DAY 6 DATE OF BIRTH (MO., DAY, YEAR) April 10 1903 COUNTY OF DEATH Cook

4a. CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER Oak Park 7a. HOSPITAL OR OTHER INSTITUTION—(NAME, IF KNOWN) Oak Park Hospital 7b. IF HOSP. OR INST. INDICATED ON DEATH CERTIFICATE, PATIENT Inpatient

7c. STATE OF BIRTH (IF NOT IN U.S.A.) Iowa CITIZEN OF WHAT COUNTRY USA 10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, SEPARATED, married 11. HAZEL MOLLHAUER

9. SOCIAL SECURITY NUMBER Butcher 13a. KIND OF BUSINESS OR INDUSTRY Own Store 11. WAS DECEASED EVER IN U.S. ARMED FORCES? (SPECIFY YES OR NO) NO 13d. WAR OR DATES OF SERVICE

12. RESIDENCE STREET AND NUMBER 3537 N Ozanam 13b. CITY, TOWN, TWP. OR ROAD DISTRICT NO. Chicago 13c. COUNTY Cook 14a. STATE IL

14b. FATHER—NAME Clyde Tingley 14c. MOTHER—MAIDEN NAME Cora (Unknown)

15. INFORMANT NAME (TYPE OR PRINT) Ruth Toth 16. MAILING ADDRESS (STREET AND NO. OR R. F. D., CITY OR TOWN, STATE, ZIP) Records 17c. 520 S Maple Ave. Oak Park, IL 60304

17a. DEATH WAS CAUSED BY: Acute myocardial infarction 18. IMMEDIATE CAUSE Acute myocardial infarction

18. DEATH WAS CAUSED BY: Acute myocardial infarction 19. IMMEDIATE CAUSE Acute myocardial infarction

19. IMMEDIATE CAUSE Acute myocardial infarction 20. DATE OF OPERATION, IF ANY, MAJOR FINDINGS OF OPERATION Acute renal failure

20. DATE OF OPERATION, IF ANY, MAJOR FINDINGS OF OPERATION Acute renal failure

21a. 1 (a) (b) (c) 21b. 1-2-86 (MONTH, DAY, YEAR) 21c. 4:25P (HOUR OF DEATH) 21d. 1-3-86 (DATE SIGNED (MO., DAY, YR.))

22a. SIGNATURE Joseph Maurice M.F. 22b. ILLINOIS LICENSE NUMBER 36-37238

22c. NAME OF ATTENDING PHYSICIAN (IF OTHER THAN CERTIFIER (TYPE OR PRINT)) 5. Joseph Maurice M.F. 5428 W Addison Chicago IL 60641

23. FUNERAL CREMATION, REMOVAL (SPECIFY) Burial 24a. CEMETERY OR CREMATORY—NAME Irving Park 24b. CITY OR TOWN Chicago, Illinois 24c. STATE Illinois 24d. DATE (MONTH, DAY, YEAR) Jan. 6, 1986

25a. FUNERAL HOME Addison Street Funeral Home, 7710 W. Addison St., Chicago, Illinois 60634

25b. FUNERAL DIRECTOR'S SIGNATURE Joseph Maurice M.F. 25c. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 6411

26a. LOCAL REGISTRAR'S SIGNATURE James Haggerty, R.D., J.P.H. 26b. DATE RECORDED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) JAN 6 1986