

UNOFFICIAL COPY

DECEDENT'S BIRTH NO.	REGISTRATION DISTRICT NO. <u>1023</u>	STATE OF ILLINOIS	STATE FILE NUMBER		
	REGISTERED NUMBER <u>749</u>	MEDICAL CERTIFICATE OF DEATH			
Type or Print in PERMANENT INK See Funeral Directors, Hospital, or Physicians Handbook for INSTRUCTIONS DECEASED B C D E PARENTS 1 2 3 CAUSE 4 5 N P CERTIFIER 22a 22c DISPOSITION 24a 25a 25b 26a	DECEASED-NAME FIRST MIDDLE LAST		SEX	DATE OF DEATH (MONTH, DAY, YEAR)	
	1. <u>Herman Ruff</u>		2. <u>M</u>	3. <u>June 12, 1992</u>	
	COUNTY OF DEATH		AGE-LAST BIRTHDAY (YRS) MOS. DAYS	UNDER 1 YEAR MOS. DAYS	UNDER 1 DAY HOURS MIN.
	4. <u>Cook</u>		5a. <u>67</u>	5b. <u>67</u>	5c. <u>67</u>
	CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER		HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)		IF HOSP. OR INST. INDICATE D.O.A. OP/EMER. RM. INPATIENT (SPECIFY)
	6a. <u>Evanston</u>		6b. <u>St. Francis Hospital</u>		6c. <u>D.O.A.</u>
	BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)	NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE)	
	7. <u>Warrenton, GA</u>		8a. <u>Married</u>	8b. <u>Ermine Wright</u>	
	SOCIAL SECURITY NUMBER		USUAL OCCUPATION	KIND OF BUSINESS OR INDUSTRY	EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED)
	1. <u>3945</u>		11a. <u>Chauffeur</u>	11b. <u>Livery</u>	12. <u>4</u> Elementary/Secondary (0-12) College (1-4 or 5+)
RESIDENCE (STREET AND NUMBER)		CITY, TOWN, TWP. OR ROAD DISTRICT NO.		INSIDE CITY (YES/NO)	
13a. <u>1018 Pitner Avenue</u>		13b. <u>Evanston</u>		13c. <u>Yes</u>	
STATE		ZIP CODE	RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY)	OF HISPANIC ORIGIN? (SPECIFY NO OR YES-IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.)	
13e. <u>IL</u>		13f. <u>60202</u>	14a. <u>Black</u>	14b. <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES SPECIFY:	
FATHER-NAME FIRST MIDDLE LAST		MOTHER-NAME FIRST MIDDLE (MAIDEN) LAST			
15. <u>Robert Ruff</u>		16. <u>Minnie Mae Johnson</u>			
INFORMANT'S NAME (TYPE OR PRINT)		RELATIONSHIP	MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP)		
17a. <u>Ermine Ruff</u>		17b. <u>Wife</u>	17c. <u>1018 Pitner Avenue, Evanston, IL 60202</u>		
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) <u>Cardiovascular</u>				<u>immediate</u>	
DUE TO, OR AS, CONSEQUENCE OF (b) <u>Atherosclerosis</u>					
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. (c) <u>Hypertension</u>					
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.					
DATE OF OPERATION, IF ANY		MAJOR FINDINGS OF OPERATION		AUTOPSY (YES/NO)	
20a. <u>None</u>		20b. <u>None</u>		19a. <u>Yes</u>	
IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS?		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO)			
20c. <u>NO</u>		19b. <u>NO</u>			
DATE OF OPERATION, IF ANY		MAJOR FINDINGS OF OPERATION		IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS?	
21a. <u>May 18, 1992</u>		21b. <u>None</u>		20c. <u>NO</u>	
TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.		WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO)		HOUR OF DEATH	
22a. SIGNATURE <u>Wanda Armacost</u>		21b. <u>NO</u>		21c. <u>8:12 A.M.</u>	
NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)		DATE SIGNED (MONTH, DAY, YEAR)		22b. <u>6/15/92</u>	
22c. <u>Evanston Hospital - 2650 Ridge Ave. Evanston, IL 60201</u>		ILLINOIS LICENSE NUMBER		22d. <u>036-083859</u>	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)		NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.			
23. <u>None</u>					
BURIAL, CREMATION, REMOVAL (SPECIFY)	CEMETERY OR CREMATORY-NAME	LOCATION	CITY OR TOWN	STATE	
24a. <u>Burial</u>	24b. <u>Sunset Memorial</u>	24c. <u>Northbrook, IL</u>	24d. <u>June 17, 1992</u>		
FUNERAL HOME	NAME	STREET AND NUMBER OR R.F.D.	CITY OR TOWN	STATE	
25a. <u>House of Thompson Mortuary</u>	<u>1917 Asbury Ave., Evanston, IL</u>	<u>60201</u>			
FUNERAL DIRECTOR'S SIGNATURE	FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER				
25b. <u>[Signature]</u>	25c. <u>10181</u>				
LOCAL REGISTRAR'S SIGNATURE	DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)				
26a. <u>[Signature]</u>	26b. <u>June 17, 1992</u>				

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent named at item 1, and that this record was established and filed in my office in accordance with the provisions of the Illinois Vital Records Act.

DATE June 17, 1992 SIGNED [Signature]
 AT EVANSTON, Illinois 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, local registrar or county clerk shall be prima facie evidence in all courts and places of the facts therein stated.