

UNOFFICIAL COPY

DISTRICT NO. 16.23 STATE OF ILLINOIS STATE FILE NUMBER

REGISTERED NUMBER 1155 MEDICAL CERTIFICATE OF DEATH

DECEASED-NAME FIRST MIDDLE LAST SEX DATE OF DEATH (MONTH, DAY, YEAR)

1. Jannie Dell McKinley 2. Female 3. Sept 12, 1987

RACE-(WHITE, BLACK, AMERICAN INDIAN, ETC.) (SPECIFY) 4a. Black ORIGIN OR DESCENT 4b. American AGE-LAST BIRTHDAY (MOS., DAYS, HOURS, MIN.) 5a. 58 UNDER YEAR UNDER 1 DAY DATE OF BIRTH (MO., DAY, YEAR) 6. July 24 1929 COUNTY OF DEATH 7a. Cook

CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER 7b. Evanston HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 7c. Evanston Hospital IF HOSP. OR INST. INDICATED, OF, EMER. RM. INPATIENT 7d. DOA

STATE OF BIRTH (IF NOT U.S.A. NAME COUNTRY) 8. Mississippi CITIZEN OF WHAT COUNTRY 9. USA MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 10. Married NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) 11. Sam A. McKinley

SOCIAL SECURITY NUMBER USUAL OCCUPATION 12. Homemaker KIND OF BUSINESS OR INDUSTRY 13. Home WAS DECEASED EVER IN U.S. ARMED FORCES? (SPECIFY YES OR NO) 13c. NO WAR OR DATES OF SERVICE 13d.

RESIDENCE STREET AND NUMBER 14a. 1837 Hovland Court CITY, TOWN, TWP. OR ROAD DISTRICT NO. 14b. Evanston INSIDE CITY (YES/NO) 14c. Yes COUNTY 14d. Cook STATE 14e. Ill.

FATHER-NAME FIRST MIDDLE LAST MOTHER-MAIDEN NAME FIRST MIDDLE LAST

15. Will Potts 16. Ola Montgomery

INFORMANT NAME (TYPE OR PRINT) 17a. Sam A. McKinley Jr. RELATIONSHIP 17b. Son MAILING ADDRESS (STREET AND NO. OR R. F. D., CITY OR TOWN, STATE, ZIP) 17c. 3645 Davis St. Skokie Ill 60076

18. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))

PART I. IMMEDIATE CAUSE

(a) VENTRICULAR ARRHYTHMIA APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: IMMEDIATE

DUE TO OR AS A CONSEQUENCE OF:

(b) CONGESTIVE CARDIOMYOPATHY YEARS

DUE TO OR AS A CONSEQUENCE OF:

(c)

PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)

Diabetes mellitus

DATE OF OPERATION, IF ANY 20a. MAJOR FINDINGS OF OPERATION 20b.

AUTOPSY (YES/NO) 19a. No IF YES, WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH? 19b.

IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? 20c. YES NO

1 (SIC) DID NOT ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON (MONTH, DAY, YEAR) 21a. Aug 24 1987 WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (SPECIFY YES OR NO) 21b. YES HOUR OF DEATH 21c. 7:26 P.M.

TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.

22a. SIGNATURE Alan [Signature] DATE SIGNED (MO., DAY, YR.) 22b. Sept 15 87

NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) 22c. 800 Austin Suite #602 Evanston, IL 60202 869-2155 ILLINOIS LICENSE NUMBER 22d. 036-47688

NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) 23. NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.

BURIAL, CREMATION, REMOVAL (SPECIFY) 24a. Burial CEMETERY OR CREMATORY-NAME 24b. Memorial Park LOCATION 24c. Skokie Ill. DATE (MONTH, DAY, YEAR) 24d. Sept 17 1987

FUNERAL HOME NAME STREET AND NUMBER OR R. F. D. CITY OR TOWN STATE ZIP

25a. Haliburton Funeral Chapel 1317 Emerson St. Evanston, Ill. 60201

FUNERAL DIRECTOR'S SIGNATURE 25b. [Signature] GENERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 25c. 775

LOCAL REGISTRAR'S SIGNATURE 26a. [Signature] DATE RECD. BY LOCAL REGISTRAR (MONTH, DAY, YEAR) 26b. September 17, 1987

VR 200 REV. 5/82 Illinois Department of Public Health - Office of Vital Records (BASED ON 1975 U.S. STANDARD CERTIFICATE)

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 September 18, 1987 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.