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91-200835

MAR 20 1989

NUMBER 605407

MEDICAL CERTIFICATE OF DEATH

STATE OF ILLINOIS SS
COUNTY OF COOK
CITY OF CHICAGO

I, LOUISE C EDWARDS M.D. M.P.A., 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 OF 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 AS A RECORD KEPT BY ME IN PURSUANCE OF SAID LAWS AND ORDINANCES



THIS CERTIFIED COPY VALID WHEN MULTICOLOR SEAL AND BLUE SIGNATURE ARE AFFIXED

DISTRICT NO 16-10		REGISTERED NUMBER	
DECEASED NAME FIRST MIDDLE LAST JANET IYDIN JACKSON		SEX 2 FEMALE	
COUNTY OF DEATH COOK		DATE OF DEATH 3 MARCH 15, 1989	
CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER CHICAGO		DATE OF BIRTH (MONTH, DAY, YEAR) 50 JUNE 10, 1954	
6a CHICAGO BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) CHICAGO, ILLINOIS		IF HOSP. OR INST. INDICATED, DO A CHECK FOR INPATIENT (SPECIFY) 6c INPATIENT	
7 CHICAGO, ILLINOIS MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) MARRIED		NAME OF SURVIVING SPOUSE (WIDOW NAME, IF WIFE) 8b ROGER W. JACKSON	
SOCIAL SECURITY NUMBER 10 341-50-6736		MID OF BUSINESS OR INDUSTRY 11b OWN HOME	
RESIDENCE (STREET AND NUMBER) 13a 14400 WAVERLY		CITY, TOWN, OR ROAD DISTRICT NO 13b MIDDC. THLAN	
STATE 13c ILLINOIS		INSIDE CITY (YES/NO) 13d YES	
FATHER-NAME FIRST MIDDLE LAST JOHN TAYLOR		COUNTY 13e COOK	
MOTHER-NAME FIRST MIDDLE LAST EVELYN HILL		14b X NO <input type="checkbox"/> YES <input type="checkbox"/> SPECIFY:	
15. INFORMANT'S NAME (TYPE OR PRINT) RUTH POINSETT		RELATIONSHIP (PRINT) SISTER	
17a RUTH POINSETT		MAILING ADDRESS (CITY, STATE, ZIP) 3841 MARYLAND CHICAGO, ILLINOIS 60637	
18. PART I: Enter the immediate, proximate, or contributory cause of death. Do not enter the mode of dying, such as the one respiratory arrest, shock, or heart failure. List only one cause of death.		APPROPRIATE INTERNAL OR EXTERNAL CAUSE OF DEATH	
(a) Immediate Cause (Final disease or condition resulting in death) PULMONARY METASTASES DUE TO, OR AS A CONSEQUENCE OF		3 MONTHS	
(b) Conditions, if any which give rise to immediate cause (a) MALIGNANT MELANOMA		2 YEARS	
(c) Stating the underlying cause last			
PART II: Other significant conditions contributing to death but not resulting in the underlying cause given in PART I		AUTOPSY (YES/NO) 19a NO	
DATE OF OPERATION, IF ANY 20c 200		IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? 20c YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
(100) (DO NOT) ATTEND THE DECEASED AND (LAST) SAW HIM/HER ALIVE ON 21a 3/15/89		HOUR OF DEATH 21c 5:45 P M	
TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND IS DUE TO THE CAUSE(S) STATED		DATE SIGNED (MONTH, DAY, YEAR) 22b MARCH 16, 1989	
22a SIGNATURE (TYPE OR PRINT) Louise C. Edwards		ILLINOIS LICENSE NUMBER 22d T-022891	
22c RAJIV RATAN, MD 5841 MARYLAND CHICAGO, ILLINOIS 60637		NOTE: IF AN INQUIRY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)		DATE (MONTH, DAY, YEAR) 23 MARCH 20, 1989	
23 JACOB BITRAN, MD		CITY OR TOWN STATE 24 CHICAGO, ILLINOIS	
BURIAL, CREMATION, REMOVAL (SPECIFY) 24a ANATOMICAL GIFT ASSOC. OF SCIENTIFIC STUDIES		CITY OR TOWN STATE 25 CHICAGO, ILLINOIS	
FUNERAL HOME 25a EDGAR FUNERAL HOME, LTD. 2744 West 51st Street Chicago, Illinois		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 25c 3656	
FUNERAL DIRECTOR'S SIGNATURE Louise C. Edwards M.D., M.P.A.		DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) 26b MAR 20 1989	
LOCAL REGISTRAR'S SIGNATURE		DATE	
26a Louise C. Edwards M.D., M.P.A.			

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