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MEDICAL CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO 16-34
 REGISTERED NUMBER

DECEASED NAME FIRST: Roberta MIDDLE: McDaniel LAST: McDaniel		SEX: Female	DATE OF BIRTH (MONTH, DAY, YEAR): 3 December 19, 1995
COUNTY OF DEATH: Cook		DATE OF DEATH (MONTH, DAY, YEAR): 20 December 20, 1995	
AGE - LAST BIRTHDAY (YEAR, MONTH, DAY, HOURS, MIN)	HOSPITAL OR OTHER INSTITUTION NAME (IF NOT WHETHER ONE STREET AND NUMBER)		
38 75 50	68 Ingalls Memorial Hospital		
MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		NAME OF SURVIVING SPOUSE (MARRIAGE # IF ANY)	
88 Married		88 Booker McDaniels	
USUAL OCCUPATION		EDUCATION (SEE INSTRUCTIONS)	
119 Housewife		8 No	
RESIDENCE (STREET AND NUMBER)	CITY, TOWN, TWP. OR ROAD (SECTION NO)	INSIDE CITY (YES/NO)	COUNTY
131 60471	130 Richton Park	130 Yes	130 Cook
FATHER'S NAME (FIRST, MIDDLE, LAST)	MOTHER'S NAME (FIRST, MIDDLE, LAST)	INFORMANT'S NAME (TYPE OR PRINT)	
139 Illinois	140 None	148 Vincent	
ADDRESS (STREET AND NUMBER)		CITY, TOWN AND STATE (ZIP)	
22660 Cicero Avenue		176 One Ingalls Dr. Harvey, IL. 60426	
17. Deborah Miele Medical Records			
18. None			
IMMEDIATE CAUSE (Final disease or condition resulting in death)			
(a) Renal Failure			
CONDITIONS, IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE (b) STATING THE UNDERLYING CAUSE LAST			
(b) Multiple Myeloma			
PART II. Other significant conditions (c) and (d) resulting in the underlying cause given in PART I			
(c) Hypertension, Arteriosclerotic Heart Disease Gram Positive Septis			
DATE (IF OPERATION, IF ANY) AND FINDINGS OF OPERATION:			
December 18, 1995			
TIME OF DEATH (HOUR, DAY, YEAR)		DATE SIGNED (MONTH, DAY, YEAR)	
4:55 PM		December 20, 1995	
SIGNATURE: <i>W. W. Hest</i>		ILLINOIS LICENSE NUMBER: 36-48395	
NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)		NOTE: IF AMBULATORY WAS INVOLVED IN THE DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED	
W. W. Hest 17732 E. So. Oak Park Ave			
FURNAL CREMATION, REMOVAL (SPECIFY)		DATE (MONTH, DAY, YEAR)	
Burial		248 12-23-95	
FURNAL HOME		CITY OR TOWN	
W. W. Holt Funeral Home		248 12-23-95	
FURNAL DIRECTOR'S SIGNATURE		STATE	
<i>W. W. Hest</i>		Illinois	
FURNAL DIRECTOR'S SIGNATURE		FURNAL DIRECTOR'S ILLINOIS LICENSE NUMBER	
<i>W. W. Hest</i>		256 10992	
DATE (MONTH, DAY, YEAR)		DATE (MONTH, DAY, YEAR)	
December 22, 1995		December 22, 1995	

920033878

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the DEATH record for the person named therein and that this record was established and filed in my office in accordance with provisions of the ILLINOIS STATUTES relating to the registration of BIRTHS, STILLBIRTHS AND DEATHS.

DEC 22 1995

DATED _____ SIGNED *Wendolyn L. Davis* LOCAL REGISTRAR

AT HARVEY, ILLINOIS.

The original of this record is permanently filed with the Illinois Dept. of Public Health in Springfield, Illinois, County Clerks and Local Registrars are authorized to make certification from copies of the original record. The Illinois Statutes further provided that certification of a DEATH record by the Dept. of Public Health of the Local Registrar of the County Clerk shall be prima facie evidence in all courts and places of the facts therein stated.

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THE SIGNATURES OF THE PARTIES CONCERNED IN THIS DOCUMENT ARE COPIES AND ARE NOT ORIGINAL SIGNATURES

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