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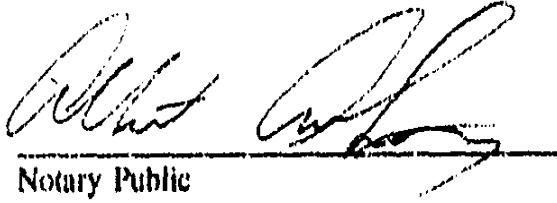
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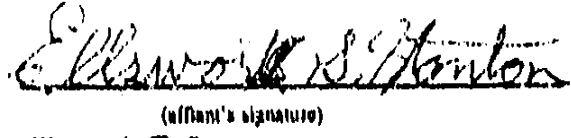
Subscribed and sworn to before me by the said _____

this 30 day of January, A.D.

1996.

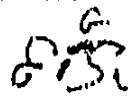


Notary Public



(affiant's signature)

Ellsworth S. Stanton





Squire, Sanders & Dempsey
84900 Society Center
127 Public Square
Cleveland, Ohio 44114-1304

CLERK'S OFFICE OF COOK COUNTY

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PROPERTY OF
ALBERT ANDERSON
NORTH BRIDGE STREET OF CHICAGO
BY COMMISSION EXP. 12-1-88

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MEDICAL CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. <u>1622</u>	STATE OF ILLINOIS	STATE FILE NUMBER	
REGISTERED NUMBER <u>1300</u>			
DECEASED—NAME FIRST MIDDLE LAST		SEX	DATE OF DEATH MONTH DAY YEAR
1. <u>BERNICE STANTON</u>		2. <u>FEMALE</u>	3. <u>NOVEMBER 9, 1995</u>
COUNTY OF DEATH		AGE—LAST BIRTHDAY (Y/M/D)	DATE OF BIRTH MONTH DAY YEAR
4. <u>COOK</u>		5a. <u>8/1/26</u>	6. <u>December 21, 1910</u>
CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER		HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)	
7. <u>EVANSTON</u>		8. <u>EVANSTON HOSPITAL</u>	
BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)		NAME OF SURVIVING SPOUSE (MARRIAGE, IF WIFE)	
7. <u>CENTERVILLE, IA</u>		9. <u>NO</u>	
SOCIAL SECURITY NUMBER		10. <u>NO</u>	
10356-20-0959			
RESIDENCE (STREET AND NUMBER)		CITY, TOWN, TWP. OR ROAD DISTRICT NO.	
13a. <u>1800 DODGE AVE.</u>		13b. <u>EVANSTON</u>	
STATE		ZIP CODE	
13c. <u>ILLINOIS</u>		13d. <u>60201</u>	
RACE (WHITE, BLACK, AMERICAN INDIAN OR ALASKA NATIVE)		OF HISPANIC ORIGIN? (SPECIFY NO OR YES—IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, OR I)	
14a. <u>BLACK</u>		14b. <u>XX</u> NO <u>YES</u> SPECIFY:	
PATIENT—NAME FIRST MIDDLE LAST		MOTHER—NAME FIRST MIDDLE LAST	
15. <u>ROBERT SMITH</u>		16. <u>LUDELIA HOGAN</u>	
RELATIONSHIP		MAXIMUM ADDRESS (STREET AND NO. OR P.O., CITY OR TOWN, STATE, ZIP)	
17a. <u>ELLSWORTH STANTON</u>		17b. <u>HUSBAND</u>	
17c. <u>1800 DODGE AVE. EVANSTON IL 60201</u>			
18. PARTY			
Enter the disease or diseases that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heat stroke. List only one cause on each line.		NECESSARY FOR AUTOPSY	
Immediate Cause (Final disease or condition resulting in death)			
(a) <u>CARDIAC RENAL FAILURE</u>			
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (b) STATING THE UNDERLYING CAUSE LAST			
(b) <u>HEPATO RENAL SYNDROME</u>			
(c) <u>GALLSTONES/ILEITIS</u>			
PART II—Other significant conditions contributing to death but not resulting in the underlying cause given in PART I		19a. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
DATE OF OPERATION, IF ANY		MAJOR FINDINGS OF OPERATION	
20a.		20b.	
(DO NOT) ATTEST TO DECEASED AND LAST SAW (INITIALS AND DATE)		WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO)	
51a. <u>11/8/95</u>		21b. <u>NO</u>	
TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED		21a. <u>8:56 PM</u>	
22a. SIGNATURE		21b. DATE SIGNED	
<u>Thomas F. Zuprsek, M.D.</u>		<u>11/9/95</u>	
NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)		ILLINOIS LICENSE NUMBER	
22c. <u>THOMAS F. ZUPRSEK, M.D. 1455 SHERIDAN COVINGTON, IL 60001</u>		21c. <u>036-070371</u>	
23. RITUAL CREMATION, REMOVAL (SPECIFY)		DATE OF DEATH MONTH DAY YEAR	
24a. <u>BURIAL</u>		24b. <u>NOV. 14, 1995</u>	
FUNERAL HOME		LOCATION CITY OR TOWN STATE	
24c. <u>HOUSE OF THOMPSON 1217 ASHURY AVE. EVANSTON ILLINOIS 60201</u>		24d. <u>DES PLAINES IL</u>	
FUNERAL DIRECTOR'S SIGNATURE		FUNERAL DIRECTOR'S LICENSE NUMBER	
25a. <u>[Signature]</u>		25b. <u>034-010181</u>	
LOCAL REGISTRAR'S SIGNATURE		DATE OF LOCAL REGISTRATION MONTH DAY YEAR	
26a. <u>[Signature]</u>		26b. <u>DEC 13, 1995</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 DECEMBER 18, 1995 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.

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