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PERMANENT CERTIFICATE  
 TEMPORARY CERTIFICATE

REGISTRATION DISTRICT NO. 4-23  
REGISTERED NUMBER 1482

## MEDICAL EXAMINER'S - CORONER'S CERTIFICATE OF DEATH

# 354 Dec. 94

Type of Print in Permanent Ink See Coroner's or Funeral Director's Handbook for INSTRUCTIONS  A  B  C  D  E  F  G  H  I  J  K  L  M  N  O  P  Q  R  S  T  U  V  W  X  Y  Z  AA  AB  AC  AD  AE  AF  AG  AH  AI  AJ  AK  AL  AM  AN  AO  AP  AQ  AR  AS  AT  AU  AV  AW  AX  AY  AZ  BA  BB  BC  BD  BE  BF  BG  BH  BI  BJ  BK  BL  BM  BN  BO  BP  BQ  BR  BS  BT  BU  BV  BW  BX  BY  BZ  CA  CB  CC  CD  CE  CF  CG  CH  CI  CJ  CK  CL  CM  CN  CO  CP  CQ  CR  CS  CT  CU  CV  CW  CX  CY  CZ  DA  DB  DC  DD  DE  DF  DG  DH  DI  DJ  DK  DL  DM  DN  DO  DP  DQ  DR  DS  DT  DU  DV  DW  DX  DY  DZ  EA  EB  EC  ED  EE  EF  EG  EH  EI  EJ  EK  EL  EM  EN  EO  EP  EQ  ER  ES  ET  EU  EV  EW  EX  EY  EZ  FA  FB  FC  FD  FE  FF  FG  FH  FI  FJ  FK  FL  FM  FN  FO  FP  FQ  FR  FS  FT  FU  FV  FW  FX  FY  FZ  GA  GB  GC  GD  GE  GF  GG  GH  GI  GJ  GK  GL  GM  GN  GO  GP  GQ  GR  GS  GT  GU  GV  GW  GX  GY  GZ  HA  HB  HC  HD  HE  HF  HG  HH  HI  HJ  HK  HL  HM  HN  HO  HP  HQ  HR  HS  HT  HU  HV  HW  HX  HY  HZ  IA  IB  IC  ID  IE  IF  IG  IH  II  IJ  IK  IL  IM  IN  IO  IP  IQ  IR  IS  IT  IU  IV  IW  IX  IY  IZ  JA  JB  JC  JD  JE  JF  JG  JH  JI  JJ  JK  JL  JM  JN  JO  JP  JQ  JR  JS  JT  JU  JV  JW  JX  JY  JZ  KA  KB  KC  KD  KE  KF  KG  KH  KI  KJ  KK  KL  KM  KN  KO  KP  KQ  KR  KS  KT  KU  KV  KW  KX  KY  KZ  LA  LB  LC  LD  LE  LF  LG  LH  LI  LJ  LK  LL  LM  LN  LO  LP  LQ  LR  LS  LT  LU  LV  LW  LX  LY  LZ  MA  MB  MC  MD  ME  MF  MG  MH  MI  MJ  MK  ML  MM  MN  MO  MP  MQ  MR  MS  MT  MU  MV  MW  MX  MY  MZ  NA  NB  NC  ND  NE  NF  NG  NH  NI  NJ  NK  NL  NM  NN  NO  NP  NQ  NR  NS  NT  NU  NV  NW  NX  NY  NZ  OA  OB  OC  OD  OE  OF  OG  OH  OI  OJ  OK  OL  OM  ON  OO  OP  OQ  OR  OS  OT  OU  OV  OW  OX  OY  OZ  PA  PB  PC  PD  PE  PF  PG  PH  PI  PJ  PK  PL  PM  PN  PO  PP  PQ  PR  PS  PT  PU  PV  PW  PX  PY  PZ  QA  QB  QC  QD  QE  QF  QG  QH  QI  QJ  QK  QL  QM  QN  QO  QP  QQ  QR  QS  QT  QU  QV  QW  QX  QY  QZ  RA  RB  RC  RD  RE  RF  RG  RH  RI  RJ  RK  RL  RM  RN  RO  RP  RQ  RR  RS  RT  RU  RV  RW  RX  RY  RZ  SA  SB  SC  SD  SE  SF  SG  SH  SI  SJ  SK  SL  SM  SN  SO  SP  SQ  SR  SS  ST  SU  SV  SW  SX  SY  SZ  TA  TB  TC  TD  TE  TF  TG  TH  TI  TJ  TK  TL  TM  TN  TO  TP  TQ  TR  TS  TU  TV  TW  TX  TY  TZ  UA  UB  UC  UD  UE  UF  UG  UH  UI  UJ  UK  UL  UM  UN  UO  UP  UQ  UR  US  UT  UY  UZ  VA  VB  VC  VD  VE  VF  VG  VH  VI  VJ  VK  VL  VM  VN  VO  VP  VQ  VR  VS  VT  VU  VV  VW  VX  VY  VZ  WA  WB  WC  WD  WE  WF  WG  WH  WI  WJ  WK  WL  WM  WN  WO  WP  WQ  WR  WS  WT  WU  WV  WW  WX  WY  WZ  XA  XB  XC  XD  XE  XF  XG  XH  XI  XJ  XK  XL  XM  XN  XO  XP  XQ  XR  XS  XT  XU  XV  XW  XX  XY  XZ  YA  YB  YC  YD  YE  YF  YG  YH  YI  YJ  YK  YL  YM  YN  YO  YP  YQ  YR  YS  YT  YU  YV  YW  YX  YY  YZ  ZA  ZB  ZC  ZD  ZE  ZF  ZG  ZH  ZI  ZJ  ZK  ZL  ZM  ZN  ZO  ZP  ZQ  ZR  ZS  ZT  ZU  ZV  ZW  ZX  ZY  ZZ	DECEASED-NAME 1. <b>Roosevelt Jackson</b>	SEX 2. <b>Male</b>	DATE OF DEATH (MONTH, DAY, YEAR) 3. <b>Dec. 17, 1994</b>	COUNTY OF DEATH 4. <b>Cook</b>	AGE - LAST BIRTHDAY (YRS) 5a. <b>58</b>	UNDER 1 YEAR 5b.	UNDER 1 DAY 5c.	DATE OF BIRTH (MONTH, DAY, YEAR) 5d. <b>June 14, 1936</b>	CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER 6a. <b>Evanston</b>	HOSPITAL OR OTHER INSTITUTION - NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 6b. <b>St. Francis Of Evanston</b>	IF HOSP. OR INST. INDICATED O.O.A. OR EMER. OR INPATIENT (SPECIFY) 6c. <b>ER</b>	BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) 7. <b>WEDD Miss.</b>	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 8a. <b>Married</b>	NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) 8b. <b>Clarice Carol Jones</b>	WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO) 9. <b>NO</b>	SOCIAL SECURITY NUMBER 10. <b>348-28-7318</b>	USUAL OCCUPATION 11a. <b>Maint. Tech.</b>	KIND OF BUSINESS OR INDUSTRY 11b. <b>School Food Ser.</b>	EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) 12. <b>12</b>	RESIDENCE (STREET AND NUMBER) 13a. <b>1202 Grey Ave.</b>	CITY, TOWN, OR ROAD DISTRICT NO. 13b. <b>Evanston</b>	INSIDE CITY (YES/NO) 13c. <b>Yes</b>	COUNTY 13d. <b>Cook</b>	STATE 13e. <b>Ill.</b>	ZIP CODE 13f. <b>60201</b>	RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) 14a. <b>Black</b>	OF HISPANIC ORIGIN? (SPECIFY NO OR YES - IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.) 14b. <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES SPECIFY:	FATHER-NAME FIRST MIDDLE LAST 15. <b>Lee Jackson</b>	MOTHER-NAME FIRST MIDDLE LAST 16. <b>Emma Bryant</b>	INFORMANT'S NAME (TYPE & PRINT) 17a. <b>Clarice Carol Jackson</b>	RELATIONSHIP 17b. <b>Wife</b>	MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) 17c. <b>1423 Grey Ave. Evanston, Ill. 60201</b>	18. PART I. Enter the disease, injury, or condition that caused the death. Do not use the words of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.  Immediate Cause (Final disease or condition resulting in death) (a) <b>Hypertensive Cardiovascular Disease</b> DUE TO, OR AS A CONSEQUENCE OF  CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. (b) _____ DUE TO, OR AS A CONSEQUENCE OF (c) _____	PART II. Other significant conditions contributing to death, but not resulting in the underlying cause, given in PART I. <b>Diabetes Mellitus</b>	NATURAL ACCIDENT, HOMICIDE, SUICIDE, UNDERLYING (SPECIFY) 20a. <b>Natural</b>	DATE OF INJURY (MONTH, DAY, YEAR) 20b.	HOUR 20c. <b>M.</b>	HOW INJURY OCCURRED (IF NATURE OF INJURY MENTIONED IN PART I OR PART II, ITEM 18) 20d.	INJURY AT WORK (YES/NO) 20e.	PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.) (SPECIFY) 20f.	LOCATION (CITY, TOWN, OR TWP. OR RD. DIST. NO., COUNTY, STATE) 20g.	IF FEMALE, HAS THERE A PREGNANCY IN PAST THREE MONTHS? 20h. <input type="checkbox"/> YES <input type="checkbox"/> NO	I CERTIFY THAT IN MY OPINION BASED UPON MY INVESTIGATION AND/OR THE INQUIRY, THIS DEATH OCCURRED ON THE DATE, AT THE PLACE AND DUE TO THE CAUSE(S) STATED, AND THAT... 21a.	THE DECEASED IT WAS PRONOUNCED DEAD ON 21b. <b>Dec. 17, 1994</b>	AT 21c. <b>3:48 P.</b>	CORONER'S - MEDICAL EXAMINER'S SIGNATURE 22a. <i>[Signature]</i>	DATE SIGNED (MONTH, DAY, YEAR) 22b. <b>Dec. 21, 1994</b>	CORONER'S PHYSICIAN'S SIGNATURE 23a. <i>[Signature]</i>	DATE SIGNED (MONTH, DAY, YEAR) 23b.	BURIAL, CREMATION, REMOVAL (SPECIFY) 24a. <b>Burial</b>	CEMETERY OR CREMATORY - NAME 24b. <b>Sunset Memorial</b>	LOCATION CITY OR TOWN STATE 24c. <b>Northbrook, Ill.</b>	DATE (MONTH, DAY, YEAR) 24d. <b>Dec. 23, 1994</b>	FUNERAL HOME NAME STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE ZIP 25a. <b>Haliburton Funeral Chapel 1317 Emerson St. Evanston, Ill. 60201</b>	FUNERAL DIRECTOR'S SIGNATURE 25b. <i>[Signature]</i>	FUNERAL DIRECTOR'S LICENSE NUMBER 25c. <b>034-010949</b>	LOCAL REGISTRAR'S SIGNATURE 26a. <i>[Signature]</i>	DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) 26b. <b>December 22, 1994</b>
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VR202 (Rev. 1-89) Illinois Department of Public Health - Office of Vital Records (REPRODUCED FROM ILLINOIS DEPARTMENT OF PUBLIC HEALTH)

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 26, 1997 SIGNED *[Signature]* LOCAL REGISTRAR

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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Lot 15 (except the South 8 feet thereof) in Block 5 in Charles E. Browne's Addition to Evanston in Section 13, Township 41 North, Range 13, East of the Third Principal Meridian, in Cook County, Illinois.

Permanent Real Estate Index Number(s): 10-13-317-009

Address(es) of premises: 1423 Grey Evanston, IL

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Page 3 of 3

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