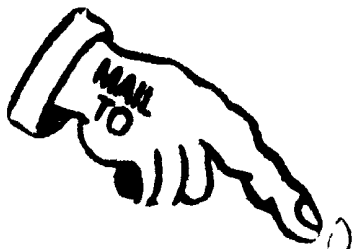


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Lot 3 in Blk 12 in Cepek's Sub being
a Reub or the E₃ of the S₁ (ex the
N₂ or the N₃) of SEC 35, T₃ N.
14, 3 of the 3rd P.M. showing
sections therein in block
110-35-405-022



PREPARED BY: REINDA MALONE
8706 S DANTE
CHICAGO, ILL 60619

Property of Cook County Clerk's Office

DEC 5 1997

STATE OF ILLINOIS
County of Cook

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DAVID L. ORT
County Clerk

I, DAVID L. ORT, County Clerk of the County of Cook, in the State of Illinois, and Keeper of the Records and Files of said County, do hereby certify that the attached is a true and correct copy of the original Record on file, all of which appears from the records and files in my office.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Seal of the County of Cook, at my office in the City of Chicago, in said County.

David L. Ort
County Clerk

STATE OF ILLINOIS

MEDICAL EXAMINER'S - CORONER'S
CERTIFICATE OF DEATH

62-20-60

<input checked="" type="checkbox"/> PERMANENT CERTIFICATE	REGISTRATION DISTRICT NO. 6010	REGISTERED NUMBER 167 NOV 94	
<input type="checkbox"/> TEMPORARY CERTIFICATE	DECLARED NAME: JAMES MITCHELL SEX: MALE DATE OF DEATH: NOVEMBER 8, 1994		
Type or Print in Permanent Ink See Coronary or Funeral Directors Handbook for Instructions	CITY OF DEATH: COOK	AGE - LAST BIRTHDAY: 58 78	DATE OF BIRTH: APRIL 26, 1916
	CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER: CHICAGO	HOSPITAL OR OTHER INSTITUTION NAME (IF NOT, EITHER GIVE STREET AND NUMBER): JACKSON PARK HOSPITAL	
A	PARTYPLACE (CITY AND STATE OR FOREIGN COUNTRY): CHATTANOOGA, TN	MARRIED NEVER MARRIED WIDOWED DIVORCED (SPECIFY): MARRIED	NAME OF SURVIVING SPOUSE (MARRIAGE NAME IF WIFE): FRANCIS GRIFFIN
B	SOCIAL SECURITY NUMBER: 10 412-28-9987	USUAL OCCUPATION: LABORER	KIND OF BUSINESS OR INDUSTRY: GENERAL
C	EDUCATION (HIGHEST GRADE COMPLETED): 12 - 11 -	College (1-4 or 5): - 0 -	
D	RESIDENCE (STREET AND NUMBER): 8406 SO. DANTE	CITY, TOWN, TWP. OR ROAD DISTRICT NO.: CHICAGO	INSIDE CITY (YES/NO): YES
E	STATE: ILLINOIS	ZIP CODE: 60619	COUNTY: COOK
	FATHER-NAME: JOSEPH MITCHELL	MOTHER-NAME: ANNIE	
	INFORMANT'S NAME (TYPE OR PRINT): FRANCIS MITCHELL	RELATIONSHIP: WIFE	MAILING ADDRESS (STREET AND NO. OR P.O. CITY OR TOWN, STATE, ZIP): 8406 S. DANTE CHGO, IL 60619
1	18 PART I: Enter the disease, injury, or complications that caused or contributed to death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.		
2	(a) arteriosclerotic Cardiovascular Disease		
3	DUE TO OR AS A CONSEQUENCE OF		
4	(b) DUE TO OR AS A CONSEQUENCE OF		
5	(c) DUE TO OR AS A CONSEQUENCE OF		
	PART II: Other (injury or trauma) leading to death but not resulting in the underlying cause given in PART I.		
N	NATURAL ACCIDENT HOME/IDE. BLAST/IDE. UNDETERMINED (SPECIFY): NATURAL	DATE OF INJURY (MONTH DAY YEAR): 22b	HOW INJURY OCCURRED (ENTER NATURE OF INJURY MENTIONED IN PART I OR PART II ITEM 17): 20d
P	INJURY AT WORK (YES/NO): 20a	PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.) (SPECIFY): 20c	IF FEMALE, HAS THERE A PREGNANCY IN PAST THREE MONTHS? 20f YES () NO ()
H.G.	I CERTIFY THAT IN MY OPINION BASED UPON MY INVESTIGATION AND/OR THE INFORMATION, THIS DEATH OCCURRED ON THE DATE, AT THE PLACE AND DUE TO THE CAUSE(S) STATED, AND THAT		
REF	THE DECEDENT WAS PRONOUNCED DEAD ON: NOVEMBER 8, 1994		AT: 8:00 A.M.
LINK	CORONER/MEDICAL EXAMINER'S SIGNATURE: EUPIL CHOI		DATE SIGNED (MONTH, DAY, YEAR): NOVEMBER 8, 1994
	CORONER/MEDICAL EXAMINER'S NAME (TYPE OR PRINT): EUPIL CHOI		DATE SIGNED (MONTH, DAY, YEAR): NOVEMBER 8, 1994
	LEGAL ORATORY (RECORDING OFFICE): BURIAL	REGISTRY OR ORATORY-NAME: DAKWOOD CEMETERY	LOCATION: CHICAGO, ILLINOIS
	DATE (MONTH, DAY, YEAR): NOV. 14, 1994	FURNERAL HOME: GATLING'S CHAPEL 10133 SO. HALSTED CHICAGO, ILLINOIS 60628	
	FURNERAL DIRECTOR'S SIGNATURE: John R. RSM		FURNERAL DIRECTOR'S LICENSE NUMBER: 011021
	LOCAL REGISTRAR'S SIGNATURE: John R. RSM		DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR): NOV 10 1994

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