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98207147

STATE FILE NUMBER

MEDICAL CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. 16.0
REGISTERED NUMBER

DECEASED-NAME: FIRST HAROLD, MIDDLE G., LAST KETCHUM, Sr. 2 MALE
 COUNTY OF DEATH: COOK
 DATE OF DEATH: 3. FEBRUARY 5, 1998
 DATE OF BIRTH: 50. March 16, 1920
 SEX: 5c. 77
 HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER): 6c. INPATIENT
 NAME OF SURVIVING SPOUSE (MARRIAGE NAME IF WIFE): 8b. HOLY FAMILY MEDICAL CENTER
 NAME OF DECEASED (IF DIFFERENT FROM SURVIVING SPOUSE): 8b. Geraldine J. Gerlach
 KIND OF BUSINESS OR INDUSTRY: 11a. Service Tech.
 USUAL OCCUPATION: 11b. Retail
 CITY, TOWN, TWP. OR ROAD DISTRICT NO.: 12. 1000
 COUNTY: 13d. Cook
 ZIP CODE: 13a. 1750 Morse Ave.
 CITY, TOWN, TWP. OR ROAD DISTRICT NO.: 13b. Des Plaines
 STATE: 13c. Yes
 RACE (WHITE, BLACK, AMERICAN INDIAN, etc.): 14a. White
 COLOR OF HAIR: 14b. No
 SPECIFY: 14c. YES
 MOTHER-NAME FIRST, MIDDLE, LAST: 16. I, Ann Hawkins
 DECEASED'S NAME (TYPE OR PRINT): 15. Lee Ketchum
 RELATIONSHIP: 17b. Wife
 ADDRESS: 17a. Geraldine J. Ketchum, 1750 Morse Ave., Des Plaines, IL 60018
 PART I. Enter the diseases or conditions that caused the death. Do not enter the time of day, such as cardiac or respiratory arrest.
 Immediate Cause (Final disease or condition resulting in death): (a) SEPSIS
 CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE (a) DUE TO OR AS A CONSEQUENCE OF: (b) PNEUMONIA
 STATING THE UNDERLYING CAUSE LAST: (c) CEREBROVASCULAR DISEASE
 PART II. Other significant conditions contributing to death but not resulting in the underlying cause (Type or print):
 DATE OF OPERATION, IF ANY: 20b. FEB. 4, 1998
 MAJOR FINDINGS OF OPERATION: 20c. YES NO
 (10b) DID NOT ATTEND THE DECEASED AND LAST SAW HIM/LIVE ON: 21a. WAS CORONER OR MEDICAL EXAMINER NOTIFIED? YES NO
 HOUR OF DEATH: 21c. 4:00 A.M.
 TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED: 22a. Hernandez-Gutierrez, M.D. 1455 Golf Rd., Des Plaines, IL
 NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT): 22b. Signature of Elsa Hernandez-Gutierrez
 NAME OF ATTENDING PHYSICIAN (IF OTHER THAN CERTIFIER (TYPE OR PRINT)): 22c. 36-077185
 BUREAU OF VITAL RECORDS: 23. ILLINOIS LICENSE NUMBER: 23d. 36-077185
 CEMETERY OR CREMATORY-NAME: 24a. Irving Park Cemetery
 LOCATION: 24c. Chicago
 CITY OR TOWN: 24d. Illinois
 STATE: 24e. Illinois
 DATE: 24f. Feb. 7, 1998
 FURNERAL HOME: 25a. Oehler Funeral Home
 STREET AND NUMBER OR R.F.D.: 25b. 555 Lee St.
 CITY OR TOWN: 25c. Des Plaines
 STATE: 25d. Illinois
 ZIP: 25e. 60016
 FURNERAL DIRECTOR'S SIGNATURE: 25f. Signature of John A. Heinz
 LOCAL REGISTRAR: 26a. Signature of J. Scott
 REGISTRAR: 26b. Signature of J. Scott
 DATE: 26c. FEB 05 1998
 LOCAL REGISTRAR'S SIGNATURE: 26d. Signature of J. Scott
 REGISTRAR: 26e. Signature of J. Scott
 DATE: 26f. FEB 05 1998
 FURNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER: 26g. 010505
 LOCAL REGISTRAR'S ILLINOIS LICENSE NUMBER: 26h. 010505
 DATE FILED: 26i. FEB 05 1998
 LOCAL REGISTRAR'S ILLINOIS LICENSE NUMBER: 26j. 010505

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent in item 1 and that this record was established and filed in my office in accordance with the provisions of Illinois statutes relating to the registrar of birth, stillbirth and death.
 Date: FEB 05 1998
 Signed: *John A. Heinz*
 At Cook County Department of Public Health Official Title Deputy Registrar
 1010 Lake Street Suite 300 Oak Park, Illinois 60301