

STATE FILE NUMBER

MEDICAL CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO: 16.0

REGISTERED NUMBER

DECEASED-NAME: **Delvin E. Clauson, Sr.** MIDDLE: **E. Clauson, Sr.** LAST: **Male** SEX: **2** DATE OF BIRTH: **3 July 7, 1999** DATE OF DEATH: **3 July 7, 1999**

COUNTY OF DEATH: **Cook** UNDER 1 YEAR: **0** UNDER 1 DAY: **0** UNDER 1 HOUR: **0** UNDER 1 MIN: **0** DATE OF BIRTH: **3 July 7, 1999** DATE OF DEATH: **3 July 7, 1999**

4. **Cook** HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER): **19141 Greenbay Av.**

6a. **Lansing** 6b. **19141 Greenbay Av.**

BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY): **Harvey, IL** MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): **8a. Married**

7. **Harvey, IL** 8b. **Bonnie Deline**

SOCIAL SECURITY NUMBER: **10335-26-2823** KIND OF BUSINESS OR INDUSTRY: **11b. Shop Owner**

10. **335-26-2823** 11a. **Shop Owner**

RESIDENCE (STREET AND NUMBER): **19141 Greenbay Av.** CITY, TOWN, TWP, OR ROAD DISTRICT NO.: **13b. Lansing** COUNTY: **13d. Cook**

13a. **19141 Greenbay Av.** 13b. **Lansing** 13c. **Yes** 13d. **Cook**

STATE: **13e. Illinois** ZIP CODE: **13f. 60438** RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY): **14a. White**

FATHER-NAME: **Marvin M. Clauson** MOTHER-NAME: **Mary Douglas**

15. **Marvin M. Clauson** 16. **Mary Douglas**

INFORMANT'S NAME (TYPE OR PRINT): **Bonnie Clauson** RELATIONSHIP: **17b. Wife** MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP): **17c. 19141 Greenbay Av. 60438 Lansing, IL**

17a. **Bonnie Clauson** 17b. **Wife** 17c. **19141 Greenbay Av. 60438 Lansing, IL**

18. PART I. Immediate Cause (Final disease or condition resulting in death): **(a) Multiple Myeloma (Blood Cancer) 4 years**

CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST: **(b) DUE TO, OR AS A CONSEQUENCE OF (c) DUE TO, OR AS A CONSEQUENCE OF**

PART II. Other significant conditions contributing to death by their relationship in the underlying cause given in PART I.

DATE OF OPERATION, IF ANY: **20c. 6-15-99** MAJOR FINDINGS OF OPERATION: **20d. Multiple Myeloma**

20a. **6-15-99** 20b. **Multiple Myeloma** 20c. **6-15-99** 20d. **Multiple Myeloma**

(U) DID NOT ATTEND THE DECEASED (S) (M) MONTH, DAY, YEAR) AND LAST SAW HIM/HER ALIVE ON: **6-15-99** WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO): **21b. NO**

21a. **6-15-99** 21b. **NO**

TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.

22a. SIGNATURE: **Dr. G. J. Munster, IN** NAME AND ADDRESS OF CERTIFIER: **Dr. G. J. Munster, M.D. 7905 Calumet Av., 46321 Munster, IN**

22a. **Dr. G. J. Munster, IN** 22b. **7-8-99** 22c. **7-8-99** 22d. **7-8-99**

NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT): **Dr. G. J. Munster, M.D. 7905 Calumet Av., 46321 Munster, IN**

22. **Dr. G. J. Munster, IN** 22a. **Dr. G. J. Munster, IN** 22b. **7-8-99** 22c. **7-8-99** 22d. **7-8-99**

BURIAL INFORMATION, REA OF, (SPECIFY): **24b. Cremation** CEMETERY OR CREMATORY-NAME: **Heritage Crematory** LOCATION: **Portage** CITY OR TOWN: **Portage** STATE: **IN**

24a. **Cremation** 24b. **Heritage Crematory** 24c. **Portage** 24d. **Portage** 24e. **IN**

FUNERAL HOME: **Schroeder-Lauer, 3227 Ridge Rd., Lansing, IL 60438** STREET AND NUMBER OR R.F.D.: **3227 Ridge Rd.** CITY OR TOWN: **Lansing** STATE: **IL** ZIP: **60438**

25a. **Schroeder-Lauer, 3227 Ridge Rd., Lansing, IL 60438** 25b. **IL 60438**

FUNERAL DIRECTOR'S SIGNATURE: **Karen L. Scott, M.D.** FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER: **034-010640**

25b. **Karen L. Scott, M.D.** 25c. **034-010640**

LOCAL REGISTRAR'S SIGNATURE: **Karen L. Scott, M.D.** DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR): **July 9, 1999**

26a. **Karen L. Scott, M.D.** 26b. **July 9, 1999**

VR2000 (Rev. 8/88) (BASED ON 1989 U.S. STANDARD CERTIFICATE)

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death and record for the decedent named in item 1 and that this record was established and filed in my office in accordance with the provisions of the Illinois statutes relating to the registration of births, stillbirths, and deaths.

DATE: **July 9, 1999**

SIGNED: **Karen L. Scott, M.D.**

At Cook County Dept. of Public Health -
1010 Lake Street
Oak Park, IL 60301

Official Title Chief Deputy Registrar

UNOFFICIAL COPY

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