

STATE OF ILLINOIS
County of Cook

DAVID D. ORR, County Clerk
UNOFFICIAL COPY

AUG 19 1991

I, DAVID D. ORR, 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 D. Orr
County Clerk

DECEASED'S BIRTH NO.	REGISTRATION DISTRICT NO.	STATE OF ILLINOIS	STATE FILE NUMBER
	REGISTERED NUMBER	MEDICAL CERTIFICATE OF DEATH	619172

1. DECEASED-NAME FIRST MIDDLE LAST Force Davidson		SEX Female	DATE OF DEATH (MONTH, DAY, YEAR) 3 October 9, 1989
4. COUNTY OF DEATH Cook	AGE-LAST BIRTHDAY (YRS) MO. DAY 5a. 54	UNDER 1 YEAR MO. DAYS 5b.	UNDER 1 DAY HOURS MIN. 5c.
6a. CITY, TOWN, TWP. OR ROAD DIST. NO. Chicago	HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) Rush-Pres-St. Luke's Medical Center		IF HOSP. OR INST. INDICATED DO A. OP. EMER. RM. INPATIENT (SPECIFY) Inpatient
7. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) Chicago, IL	8a. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Married	NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) Donald B. Davidson	
10. SOCIAL SECURITY NUMBER 334-30-5397	11a. USUAL OCCUPATION Homemaker	11b. KIND OF BUSINESS OR INDUSTRY Own Home	12. EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) Elementary Secondary (9-12) College (1-4 or 5-1) 3
13a. RESIDENCE (STREET AND NUMBER) 236 Buckminster	CITY, TOWN, OR ROAD DISTRICT NO. Lake Bluff	INSIDE CITY (YES/NO) Yes	COUNTY Lake
13b. STATE Illinois	ZIP CODE 60044	14b. OF HISPANIC ORIGIN? (SPECIFY NO OR YES - IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.) NO	

16. FATHER-NAME FIRST MIDDLE LAST Thomas Gibbons	17. MOTHER-NAME FIRST MIDDLE LAST Marian Weir
17a. INFORMANT'S NAME (TYPE OR PRINT) Gloria Rainey	RELATIONSHIP Clerk
MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) 2653 W. Congress Pkwy Chg IL 60612	

18. PART I. (Enter the disease, injury, or complication that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause of death.)	APPROXIMATE INTERVAL IN HOURS BETWEEN ONSET AND DEATH
(a) Pneumonia	5 Days
(b) Anoxia Encephalopathy	30 Days
(c) Myocardial Infarction With Cardiac Arrest	30 Days

19a. ALTOPTSY (YES/NO) NO	19b. WERE ALTOPTSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO) NO
20a. DATE OF OPERATION, IF ANY	20b. MAJOR FINDINGS OF OPERATION
20c. IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? NO	

21a. (WHO) DID NOT ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON October 9, 1989	21b. WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) Yes	21c. HOUR OF DEATH 1:55 P.M.
21d. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.		

22a. SIGNATURE <i>[Signature]</i>	22b. DATE SIGNED (MONTH, DAY, YEAR) October 9, 1989
22c. NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) Dr. P. Jones 1653 W. Congress Pkwy Chg ILL 60612	22d. ILLINOIS LICENSE NUMBER 36-30306
23. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)	NOTE: IF AN INMATE WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.

24a. BURIAL CREMATION REMOVAL (SPECIFY) Crementation	24b. CEMETERY OR CREMATORY-NAME Elm Lawn Cemetery	24c. LOCATION CITY OR TOWN STATE Elmhurst, Illinois	24d. DATE (MONTH, DAY, YEAR) Oct. 10, 1989
25a. FUNERAL HOME	NAME	STREET AND NUMBER OR R.F.D.	CITY OR TOWN STATE ZIP
T. M. L. Funeral Service 4338 W. Fullerton Chicago, Illinois 60639			

25b. FUNERAL DIRECTOR'S SIGNATURE <i>[Signature]</i>	25c. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 7233
26a. LOCAL REGISTRAR'S SIGNATURE <i>[Signature]</i>	26b. DATE FILED IN LOCAL REGISTRY (MONTH, DAY, YEAR) OCT 10 1989

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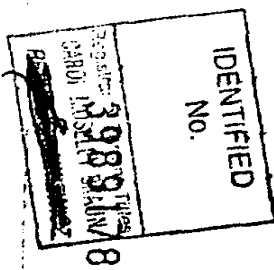
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2007 AUG 20 AM 11:07
CAROL MOSELEY BRASH
REGISTRAR OF TITLES

3989178



EQUITY TITLE COMPANY
100 NORTH LA SALLE STREET
SUITE 2105

CHICAGO, ILLINOIS 60602

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