

MEDICAL CERTIFICATE OF DEATH

STATE
FILE NO.

81900

DECEDENT'S
BIRTH NO.:

STATE OF ILLINOIS

25

DIST. 3104 REG.
NO. NO.

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| 1. PLACE OF DEATH a. COUNTY Cook | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE ILL. b. COUNTY COOK | |
| b. CITY (If outside corporate limits, write RURAL and give township) Chicago | | c. LENGTH OF STAY (in this place) 40 YRS. | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION COOK COUNTY | | e. CITY (If outside corporate limits, write RURAL and give township) CHICAGO | |
| 3. NAME OF DECEASED (Type or Print) a. (First) FRANK b. (Middle) HEMPHILL c. (Last) HEMPHILL | | 4. DATE OF DEATH (Month) (Day) (Year) 11-16-1950 | |

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| 5. SEX MALE | 6. COLOR OR RACE WHITE | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED | 8. DATE OF BIRTH 5-13-1878 | 9. AGE (In years last birthday) 72 | If Under 1 Year Months Days | If Under 24 Hrs. Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER | | 10b. KIND OF BUSINESS OR INDUSTRY GENERAL LABOR | | 11. BIRTHPLACE (State or foreign country) MICHIGAN | | 12. CITIZEN OF WHAT COUNTRY U.S.A. |

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| 13. FATHER'S NAME FREDERICK HEMPHILL | | 14. MOTHER'S MAIDEN NAME UNKNOWN | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) | | 16. SOCIAL SECURITY NO. UNKNOWN | |
| 17. INFORMANT (Hospitals follow Special Instructions on this item) a. Signature J. M. Greenawald | | b. Address COOK COUNTY HOSPITAL RECORDS | |

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| 18. CAUSE OF DEATH I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury or complication which caused death. ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), and (c). | | INTERVAL BETWEEN ONSET AND DEATH |
| Direct cause (a) CARCINOMATOSIS - PRIMARY UNKNOWN | | UNKNOWN |

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| ANTECEDENT CAUSES | Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last. | due to (b) |
| | | due to (c) |

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| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death, but not related to the disease or condition causing death | |
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| 18a. DATE OF OPERATION 10-1-50 | 18b. MAJOR FINDINGS OF OPERATION AS ABOVE | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 21a. ACCIDENT SUICIDE HOMICIDE (specify) | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) |
| 21d. TIME (Month) (Day) (Year) (Hour) OF INJURY | 21e. INJURY OCCURRED While at work <input type="checkbox"/> Not While at Work <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? I |

22. I hereby certify that I attended the deceased from **11-1** ¹⁹**50**, to **11-16**, ¹⁹**50**, that I last saw the deceased alive on **11-16**, ¹⁹**50**, and that death occurred at **5:30 A. M.**, from the causes and on the date stated above.

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| 23a. SIGNATURE Bergent H. Coulter M.D. (Degree or title) | 23b. ADDRESS AND PHONE NO. SE 8-2500 Cook County Hospital | 23c. DATE SIGNED 11-16-50 |
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| BURIAL-REMOVAL-CREMATATION (date) 11-24-1950 | RECEIVED FOR FILING ON: NOV 21 1950 |
| PLACE Cemetery OAK FOREST | Location OAK FOREST |

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| Firm Name CCCA | LOCAL REGISTRAR Sherman H. Sunderes |
| Address | Address: CHICAGO ILLINOIS |

Signature **[Signature]** License Number

Reserved For State Office

MEDICAL CERTIFICATION BY PHYSICIAN ATTENDING FINAL ILLNESS

DISPOSITION

FUNERAL DIRECTOR