

STATE OF ILLINOIS
MEDICAL CERTIFICATE OF DEATH

STATE FILE
NUMBER

030148

REGISTRATION
DISTRICT NO.

497

REGISTERED
NUMBER

167

| | | | |
|---|-------------------------|--|--|
| 1. COUNTY OF DEATH Lake | | 2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission.) a. STATE Illinois b. COUNTY Lake | |
| b. Death took place <input type="checkbox"/> OUTSIDE city limits and in TOWNSHIP. <input checked="" type="checkbox"/> INSIDE city limits and in the city, village, or town named at 2c. | | c. Residence was <input type="checkbox"/> OUTSIDE city limits and in TOWNSHIP. <input checked="" type="checkbox"/> INSIDE city limits and in the city, village, or town named at 2d. | |
| c. CITY, VILLAGE, OR TOWN Lake Forest | | d. LENGTH OF STAY IN 1b or 1c 4 days | d. CITY, VILLAGE, OR TOWN Lake Bluff |
| e. NAME OF HOSPITAL OR INSTITUTION Lake Forest Hospital | | f. LENGTH OF STAY IN 1e 4 days | e. LENGTH OF RESIDENCE AT 2c or 2d 2 years |
| 3. NAME OF DECEASED a. (FIRST) Gordon b. (MIDDLE) Stanley c. (LAST) Cochrane | | 4. DATE OF DEATH June 28 1962 | |
| 5. SEX Male | 6. RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED SEPARATED DIVORCED Married | 8. DATE OF BIRTH April 6, 1903 |
| 9. AGE (in years last birthday) 59 | | 10. Did decedent reside ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if dead) Baseball Scout | | 10b. KIND OF BUSINESS OR INDUSTRY Sports | |
| 11. BIRTHPLACE (City and state or foreign country) Bridgewater, Massachusetts | | 12. Citizen of what country? U.S.A. | |
| 13. FATHER'S FULL NAME John Cochrane | | 14. MOTHER'S FULL MAIDEN NAME Sarah Campbell | |
| 15. Was deceased ever in U.S. Armed Forces? (Yes, no, or unknown) (If yes, give war or dates of service) Yes U.S.N. | | 16. SOCIAL SECURITY NUMBER Unknown | |
| 17. INFORMANT a. SIGNATURE May B. Cochrane | | b. ADDRESS 138 E. Sheridan Rd. Lake Bluff, Ill. | |
| 18. CAUSE OF DEATH | | c. RELATIONSHIP TO DECEASED wife | |

PART I. DEATH WAS CAUSED BY: [Enter only one cause per line for (A), (B), and (C).]

IMMEDIATE CAUSE. (A)

Lympho-Sarcoma

Conditions, if any, which gave rise to the above IMMEDIATE CAUSE (A), stating the UNDERLYING cause last.

due to (B)
due to (C)

INTERVAL BETWEEN ONSET AND DEATH

1 1/2 years

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL CONDITION GIVEN IN PART I(A).

19. AUTOPSY?

YES NO

20. DESCRIBE CIRCUMSTANCES OF INJURY, IF ANY, WHOSE NATURE IS MENTIONED IN PART I OR PART II ABOVE.

21. I hereby certify that I attended the deceased from April 3, 1962, to June 28, 1962, that I last saw the deceased alive on June 28, 1962; and death occurred at 6:35 A.M., from the causes and on the date stated above.

DATE SIGNED 10/9/62 ADDRESS M.D. 210 E. Westminster, Lake Forest, Ill. PHONE CE: 4:0197

22. DISPOSITION: BURIAL REMOVAL, CREMATION DATE 6/29/62
CEMETERY Memorial Park
LOCATION Skokie, Illinois
23. FIRM NAME Yenbar Funeral Home
ADDRESS 1233 W. Deerpath, Lake Forest, Ill.
SIGNATURE W.B. Douglas LICENSE NUMBER 4700

Received for filing on June 29, 1962 (Signed)

LOCAL REGISTRAR

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 ILLINOIS DEPARTMENT OF PUBLIC HEALTH

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