

REGISTRATION
DISTRICT NO

16.10

STATE OF ILLINOIS

STATE
NO. 622181REGISTERED
NUMBER

MEDICAL CERTIFICATE OF DEATH

Type or Print in
PERMANENT INK
See Funeral Directors
Hospital or Physicians
Handbook for
INSTRUCTIONS

A. 1-080

C. 0307

D. 285

1. 1579 B

4. 427

CERTIFIER

DISPOSITION

DECEASED—NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH, DAY, YEAR)	
1. George S. Halas					2 Male	3. OCT 31, 1983	
4a. White	ORIGIN OR DESCENT	AGE—LAST BIRTHDAY (YRS.)	UNDER 1 YEAR (DAYS)	UNDER 1 DAY (HOURS, MIN.)	DATE OF BIRTH (MO., DAY, YEAR)	COUNTY OF DEATH	
4b. Bohemian	5a. 88	5b.	5c.	5d.	5. FEB 2, 1895	7a. Cook	
7a. Chicago			7b. 5555 N. Sheridan Pk.			7c. Res.	
STATE OF BIRTH (NOT IN USA NAME COUNTR.)		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF A FE)	
8. Illinois		9. USA		10. Widowed		11.	
12. 321-18-3661		13a. Owner		13b. Pro Football Club		13c. Yes	
14a. 5555 N. Sheridan Pk.		14b. Chicago		14c. Yes		14d. Cook	
14e. Illinois		15. Frank Halas		16. Barbara Polodna			
INFORMANT NAME (TYPE OR PRINT)		RELATIONSHIP		MAILING ADDRESS (STREET AND NO. OR R. F. D., CITY, TOWN, STATE, ZIP)			
17a. Virginia McCaskey		17b. Daughter		17c. 257 Stratford Pk. Des Plaines, IL			
18. DEATH WAS CAUSED BY		[ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]					APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
18a. RESPIRATORY ARREST							IMMEDIATE
18b. CARCINOMATOSIS (PANCREATIC)							7 MONTHS
18c.							
PART II. OTHER SIGNIFICANT CONDITIONS (CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I)		AUTOPSY (YES/NO)		IF YES, STATE FINDINGS CONCERNING DETERMINED CAUSE OF DEATH			
19. SICK SINUS SYNDROME		19a. NO		19b.			
20a. OCTOBER 1983		20b. CARCINOMATOSIS		20c. YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. DID NOT ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON		(MONTH, DAY, YEAR)		21b. WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (SPECIFY YES OR NO)		21c. HOUR OF DEATH	
21a.		10-31-83		21b. No		21c. 8:25 P.M.	
22a. SIGNATURE		NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)		DATE SIGNED (MO., DAY, YR.)		ILLINOIS LICENSE NUMBER	
22a.		22b. #1210, 707 N. Fairbanks Ct, Chicago, IL		22c. 10-31-83		22d. 36-47734	
23. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)		NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.					
23.							
24a. Entombment		24b. St. Adalbert		24c. Niles Illinois		24d. NOV 3, 1983	
25a. P.A. Birren & Son, Inc. 1356 Wellington Ave. Chicago Illinois 60657		25b. R.P. Birren		25c. 1292		25d. NOV 1 1983	
25a. LOCAL REG-STRAR'S SIGNATURE		25b. ACTING LOCAL REG-STRAR		25c. DATE RECD BY LOCAL REG-STRAR (MONTH, DAY, YEAR)		25d.	
25a.		25b.		25c. NOV 1 1983		25d.	