

ORIGINAL

STATE OF ILLINOIS

STATE FILE
NUMBER

DECEDENT'S BIRTH NO.		MEDICAL CERTIFICATE OF DEATH		REGISTRATION DISTRICT NO. 16.10	REGISTERED NUMBER 504
1. PLACE OF DEATH a. STATE ILLINOIS		b. COUNTY COOK		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE Illinois b. COUNTY Cook	
c. <input checked="" type="checkbox"/> INSIDE corporate limits and in City, Village, or Incorporated Town CHICAGO		c. <input checked="" type="checkbox"/> INSIDE corporate limits and in City, Village, or Incorporated Town Chicago			
d. <input checked="" type="checkbox"/> OUTSIDE corporate limits and in Township name Road, District No.		e. LENGTH OF STAY IN IC <u>20 Years</u>		d. <input type="checkbox"/> OUTSIDE corporate limits and in Township name Road, District No.	
f. NAME OF HOSPITAL OR INSTITUTION Chicago Wesley Memorial		g. LENGTH OF STAY IN II <u>28 Days</u>		f. RESIDENCE ADDRESS (Street & No. or R.F.D. and Post Office) 5630 N. Sheridan Rd.	
h. If not in hospital or institution, give Street & No.				g. Did decedent reside ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
3. NAME OF DECEASED a. (FIRST) Rogers b. (MIDDLE) c. (LAST) Hornsby			4. DATE OF DEATH (MONTH) (DAY) (YEAR) 1 5 1963		
5. SEX Male	6. RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) Married	8. DATE OF BIRTH 4/27/1896	9. AGE (in years last birthday) 66	if under 1 year MONTHS DAYS if under 24 hrs. HOURS MIN.
10a. USUAL OCCUPATION Baseball Player	10b. KIND OF BUSINESS OR INDUSTRY Sports	11. BIRTHPLACE (City and state or foreign country) Winters, Texas		12. Citizen of what country? U.S.A.	
13. FATHER'S FULL NAME Arren Edward Hornsby			14. MOTHER'S FULL MAIDEN NAME Mary Dallas Rogers		
15. Was deceased ever in U. S. Armed Forces? (Yes, no, or unknown) (Give war, or dates of service) No		16. SOCIAL SECURITY NUMBER 494-09-3284		17. INFORMANT a. SIGNATURE A. M. Lombardi, Jr. Adm. Asst. b. ADDRESS 250 E. Superior Street c. RELATIONSHIP TO DECEASED None	
18. MEDICAL CAUSE OF DEATH PART I. DEATH WAS CAUSED BY. [Enter only one cause per line for (A), (B) and (C).] IMMEDIATE CAUSE (A) Recent and organized myocardial infarct 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 3 weeks
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL CONDITION GIVEN IN PART I(A).					20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
19a. DATE OF OPERATION, IF ANY.		19b. MAJOR FINDINGS OF OPERATION			
NOTE: If an injury was involved in this death, the Coroner must be notified.					
21. I hereby certify that I attended the deceased from Dec. 8, 1962, to Jan. 5, 1963, that I last saw the deceased alive on Jan. 3, 1963, and death occurred at 10:05 A. M., from the causes and on the date stated above.					
Signature Duncan K. McDonald, M.D.		License Number 7-1137		Date 1/5/1963	
Address 250 E. Superior St. Chicago 11, Illinois Phone DE-7-6500					
22. DISPOSITION: BURIAL RECORDS CEMETERY LOCAL LOCATION Austin, Texas			23. FUNERAL DIRECTOR DRAKE AND SON, INC. SIGNATURE Charles R. Drake ADDRESS 5303 N. Western Chicago 25, Illinois License Number 408		
24. Received for filing on		JAN 7 1963 (Signed) Samuel L. Ardelman, M.D.			

C-713

062

3.37

085

CAUSE
OF DEATH

4201

1961 revision based on the U. S. Standard Certificate of Death.

VS & R 200—BUREAU OF STATISTICS—ILLINOIS DEPARTMENT OF PUBLIC HEALTH

Duncan K. McDonald, M.D.