

DECEDENT'S BIRTH NO.

REGISTRATION DISTRICT NO.

15.10

STATE OF ILLINOIS

STATE FILE NUMBER

## MEDICAL CERTIFICATE OF DEATH

614799

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

1-754

DECEASED

43-637

285

PARENTS

4409

CAUSE

CAUSE

PART II. OTHER SIGNIFICANT CONDITIONS; CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)

DATE OF OPERATION, IF ANY; MAJOR FINDINGS OF OPERATION

PHYSICIAN'S CERTIFICATION

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BURIAL

LOCAL REGISTRAR'S SIGNATURE

1. DECEASED—NAME FIRST MIDDLE LAST Clarence Rowland		2. SEX Male	3. DATE OF DEATH (MONTH, DAY, YEAR) May 17, 1969					
4. RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY) White		5a. AGE—LAST BIRTHDAY (YRS.) 91	5b. UNDER 1 YEAR MOS. DAYS HOURS MIN.	5c. UNDER 1 DAY MOS. DAYS HOURS MIN.	6. DATE OF BIRTH (MONTH, DAY, YEAR) Feb. 12, 1878	7a. PLACE OF DEATH Cook	7b. COUNTY	
7b. CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER Chicago		7c. INSIDE CITY (YES/NO) Yes	7d. HOSPITAL OR OTHER INSTITUTION—NAME Brittany Terrace Nursing Center		(IF NOT IN EITHER, GIVE STREET AND NUMBER)			
8. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Wisconsin		9. CITIZEN OF WHAT COUNTRY USA		10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Widowed		11. NAME OF SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) NONE		
12. SOCIAL SECURITY NUMBER UNK.		13a. USUAL OCCUPATION Management		13b. KIND OF BUSINESS OR INDUSTRY Baseball		13c. U.S. WAR VETERAN (YES/NO) NO		13d. WAR OR DATES OF SERVICE NONE
14a. RESIDENCE STATE Illinois		14b. COUNTY COOK		14c. CITY, TOWN, TWP. OR ROAD DISTRICT NO. Chicago		14d. INSIDE CITY (YES/NO) Yes		14e. STREET AND NUMBER 7257 South Coles Ave.
15. FATHER—NAME FIRST MIDDLE LAST Henry Roland				16. MOTHER—MAIDEN NAME FIRST MIDDLE LAST Unk. Tremelian				
17a. INFORMANT'S SIGNATURE Kathleen DeStorje		17b. RELATIONSHIP Nurse		17c. MAILING ADDRESS (STREET AND NO. OR R. F. D., CITY OR TOWN, STATE, ZIP) 930 N. La Salle				
18. PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) IMMEDIATE CAUSE (a) Arteriosclerosis							APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH Years	
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. (b) DUE TO OR AS A CONSEQUENCE OF: (c) DUE TO OR AS A CONSEQUENCE OF:								
19a. AUTOPSY (YES/NO) NO							19b. IF YES, WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH 19b.	
20a. DATE OF OPERATION, IF ANY; MAJOR FINDINGS OF OPERATION								
21. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE THIS DEATH OCCURRED AT 4:45 A M., ON THE DATE, AT THE PLACE AND FROM THE CAUSE(S) STATED							NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH, THE CORONER MUST BE NOTIFIED.	
21a. I ATTENDED THE DECEASED FROM: MONTH DAY YEAR Jan 67		21b. TO MONTH DAY YEAR May 17 69		21c. AND LAST SAW HIM/HER ALIVE ON: MONTH DAY YEAR May 15 69				
22a. SIGNATURE Arno E. Schairer		22b. DATE SIGNED (MONTH, DAY, YEAR) May 17, 69		22c. ILLINOIS LICENSE NUMBER 36-28862				
23. MAILING ADDRESS—CERTIFIER		STREET AND NUMBER OR R. F. D.		CITY OR TOWN		STATE ZIP		
30 North Michigan Ave.		Chicago Ill.		60602				
24a. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		24b. CEMETERY OR CREMATORY—NAME Holy Sepulchre		24c. LOCATION Worth, Illinois		24d. STATE DATE (MONTH, DAY, YEAR) 5/20/69		
25a. FUNERAL HOME NAME		STREET AND NUMBER OR R. F. D.		CITY OR TOWN		STATE ZIP		
Donnellan Funeral Home		7651 S. Jeffery Blvd.		Chicago Illinois		60649		
25b. FUNERAL DIRECTOR'S SIGNATURE Edward Remedian				25c. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 4840				
26a. LOCAL REGISTRAR'S SIGNATURE Edward Remedian				26b. DATE REC'D. BY LOCAL REGISTRAR (MONTH, DAY, YEAR) MAY 17 1969				