

REGISTRATION  
DISTRICT NO

16.10

STATE OF ILLINOIS

STATE  
NUMBER  
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. White	Bohemian	5a. 88	5b.	5c.	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))		IMMEDIATE CAUSE		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
		19. RESPIRATORY ARREST		IMMEDIATE			
CONDITIONS, IF ANY, WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.		19a. DUE TO OR AS A CONSEQUENCE OF		19b. 7 MONTHS			
		19c. CARCINOMATOSIS (PANCREATIC)					
PART II. OTHER SIGNIFICANT CONDITIONS (CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I)		20a. SICK SINUS SYNDROME		AUTOPSY (YES/NO)		20b. NO	
DATE OF OPERATION, IF ANY		MAJOR FINDINGS OF OPERATION		IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS?			
21a. OCTOBER 1983		21b. CARCINOMATOSIS		21c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. DID NOT ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON		(MONTH, DAY, YEAR)		WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (SPECIFY YES OR NO)		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.							
BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY OR CREMATORY—NAME		LOCATION		DATE (MONTH, DAY, YEAR)	
24a. Entombment		24b. St. Adalbert		24c. Niles Illinois		24d. NOV 3, 1983	
FUNERAL HOME		NAME		STREET AND NUMBER OR R. F. D.		CITY OR TOWN	
25a. P.A. Birren & Son, Inc.		1356 Wellington Ave.		Chicago		Illinois 60657	
25a. FUNERAL DIRECTOR'S SIGNATURE		25b. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER					
25a.		25b. 1292					
LOCAL REGISTRAR'S SIGNATURE		DATE RECD BY LOCAL REGISTRAR (MONTH, DAY, YEAR)					
26a.		26b. NOV 1 1983					