

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 20 Years		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 28 Days		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 Hospital Records 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.					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL CONDITION GIVEN IN PART I(A).					
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 RECEPTIONS Date: 1-10-63			23. FUNERAL DIRECTOR DRAKE AND SON, INC.		
CEMETERY: Local			SIGNATURE: Charles R. Drake		
LOCATION: Austin, Texas			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.