

MEDICAL CERTIFICATE OF DEATH

600159

REGISTRATION DISTRICT NO. 18.10
 REGISTERED NUMBER

DECEASED - NAME FIRST MIDDLE LAST SEX DATE OF DEATH MONTH, DAY, YEAR

1. BILL VEECK 2. MALE 3. JANUARY 2, 1986

RACE (TYPE OF SKIN COLOR) COLOR OF HAIR (SPECIFY) DATE OF BIRTH MONTH, DAY, YEAR COUNTY OF DEATH

4. WHITE 5. AMERICAN 6. 71 7. FEBRUARY 9, 1914 8. Cook

CITY, TOWN, VILL. OR VILLAGE DISTRICT COUNCIL HOSPITAL OR OTHER INSTITUTION TYPE OF RESIDENCE IF DECEASED WAS INPATIENT

9. Chicago 10. ILLINOIS MASONIC MEDICAL CENTER 11. INPATIENT

STATE OF BIRTH (IF NOT BORN IN U.S.A.) CITIZEN OF WHAT COUNTRY 12. ILLINOIS 13. USA

14. 323-01-2506 15. PROFESSIONAL OPERATOR 16. MARRIED 17. MARY FRANCES ACKERMAN

RESIDENCE STREET AND NUMBER CITY, TOWN, VILL. OR VILLAGE DISTRICT COUNCIL COUNTY STATE

18. 1330 EAST MADISON PK CHICAGO ILLINOIS

FATHER - NAME FIRST MIDDLE LAST MOTHER - M maiden name FIRST MIDDLE LAST

19. WILLIAM VEECK 20. GRACE FOREST

21. CHARLES H. HENRY 22. 836 W. WELLINGTON CHGO, IL. 60657

18. DEATH WAS CAUSED BY (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))
 PART I. IMMEDIATE CAUSE
 (a) ACUTE CARDIOPULMONARY ARREST
 (b) MASSIVE, BILATEFAL PULMONARY THROMBOEMBOLISM

PART II. OTHER SIGNIFICANT CONDITIONS. (CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I)
 CONGESTIVE HEPATOSPLENOMEGALY; CHRONIC, OBSTRUCTIVE PULMONARY DISEASE

23. DATE OF OPERATION, IF ANY 24. MAJOR FINDINGS OF OPERATION

25. I BEHOVE I HAVE NOTED THE DECEASED AND LAST SAW HIM/LER ALIVE ON 11/1/86

26. SIGNATURE DIANE TATE M.D. 27. HOUR OF DEATH 2:55 a.m.

28. NAME AND ADDRESS OF CERTIFIER DIANE TATE MD 5214 N WESTERN CHGO IL 60625

29. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) 30. ILLINOIS LICENSE NUMBER 36-42759

31. FUNERAL CREMATION REMOVAL SERVICE CEMETERY OR CREMATORY - NAME LOCATION CITY OR TOWN STATE DATE

32. CREMATION OAKWOODS CHICAGO ILLINOIS JAN. 6, 1986

33. FUNERAL HOME NAME STREET AND NUMBER OR R. F. D. CITY OR TOWN STATE

34. DONNELLAN FUNERAL HOME 10525 S. WESTERN AVE. CHICAGO ILLINOIS 60643

35. LOCAL HEALTH DEPARTMENT OFFICIAL SIGNATURE DATE REC'D BY LOCAL HEALTH DEPARTMENT MONTH, DAY, YEAR

36. John G. Schultz 37. 7830

38. James C. Edwards, M.D., M.P.A. 39. JAN 6 1986

1-02-86

DECLAID

3906

285

PARENTS

4.151 B
 2.477 A

CAUSE

5.71
 6.496

36-42

36-42