

46123

STATE OF ILLINOIS

STATE FILE
NUMBER

MEDICAL CERTIFICATE OF DEATH

REGISTRATION
DISTRICT NO. 45.2 REGISTERED
NUMBER 1296

1. NAME OF DECEASED Kane		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission.) a. STATE Illinois b. COUNTY Cook	
3. PLACE OF DEATH a. CITY, VILLAGE, OR TOWN Elgin b. COUNTY, ILLINOIS Kane c. TOWNSHIP		c. RESIDENCE WAS <input type="checkbox"/> OUTSIDE city limits and in _____ TOWNSHIP. <input checked="" type="checkbox"/> INSIDE city limits and in the city, village, or town named at 3d	
4. LENGTH OF STAY IN 1b or 1c 5mo 0 days		d. CITY, VILLAGE, OR TOWN LaGrange	
5. LENGTH OF STAY IN 1e 5mo 0 days		e. LENGTH OF RESIDENCE AT 2c or 2d unknown	
6. NAME OF HOSPITAL OR INSTITUTION Elgin State Hospital		f. STREET ADDRESS 520 N. Park Ave	
7. NAME OF DECEASED a. (FIRST) Fred b. (MIDDLE) L. c. (LAST) Beebe		4. DATE OF DEATH October 30 1957	
8. RACE white		9. AGE (in years last birthday) 77	
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) Widowed		11. DATE OF BIRTH 12-31-1880	
12. USUAL OCCUPATION (Give kind of work done during most of working life, even if irregular) Salesman		13. BIRTHPLACE (City and state or foreign country) Lincoln Nebraska	
14. FATHER'S FULL NAME William Beebe		15. MOTHER'S FULL MAIDEN NAME Julia Titus	
16. SOCIAL SECURITY NUMBER unknown		17. INFORMANT a. SIGNATURE <i>Clady's Reception</i> b. ADDRESS Elgin State Hospital Hospital Records c. RELATIONSHIP TO DECEASED	
18. CAUSE OF DEATH PART I. DEATH WAS CAUSED BY: (Enter only one cause per line for (A), (B), and (C).) IMMEDIATE CAUSE. (A) Bronchopneumonia		INTERVAL BETWEEN ONSET AND DEATH unknown	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL CONDITION GIVEN IN PART I (A). unknown		19. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20. DESCRIBE CIRCUMSTANCES OF INJURY, IF ANY, WHOSE NATURE IS MENTIONED IN PART I OR PART II ABOVE.			
21. I hereby certify that I attended the deceased from May 30 , 19 57 , to October 30 , 19 57 , that I last saw the deceased alive on October 30 , 19 57 , and death occurred at 2:00 A.M. M., from the causes and on the date stated above.			
22. SIGNATURE <i>M. C. Koenig</i> M.D.		ADDRESS Elgin State Hospital PHONE Sh 2-1040	
23. DISPOSITION: BURIAL-REMOVAL-CREMATION (DATE) 11/1/57		24. FIRM NAME Hallowell & James Funeral Home	
CEMETERY Park Holm		ADDRESS 40 So. Ashland	
LOCATION LaGrange		LaGrange, Illinois	
Cook Illinois		SIGNATURE <i>W. E. Spiegel</i> LICENSE NUMBER 1373	
25. RECEIVED FOR FILING ON October 30, 1957		(Signed) <i>Nancy B. Smith</i> (Deputy) Elgin LOCAL REGISTRAR	

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ILLINOIS DEPARTMENT OF PUBLIC HEALTH

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MEDICAL CERTIFICATION