

852330

STATE OF ILLINOIS - DEPARTMENT OF PUBLIC HEALTH
CERTIFIED COPY OF A DEATH RECORD

ORIGINAL

MEDICAL CERTIFICATE OF DEATH

STATE FILE NO.

25760

DECEDENT'S BIRTH NO.:	STATE OF ILLINOIS	DIST. NO. 562	REG. NO. 99
-----------------------	-------------------	---------------	-------------

1. PLACE OF DEATH a. COUNTY McHenry , ILLINOIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission), a. STATE Illinois b. COUNTY McHenry	
b. CITY (If outside corporate limits, write RURAL and give township or road dist.) Rural-Hartland Twp.		c. CITY (If outside corporate limits, write RURAL and give township or road dist.) Rural - Hartland Twp.	
c. LENGTH OF STAY (in this place) 20 years		d. STREET ADDRESS (If rural, give location) M cHenry County Home	
d. FULL NAME OF HOSPITAL OR INSTITUTION McHenry County Home			

3. NAME OF DECEASED (Type or Print)	a. (First) John	b. (Middle)	c. (Last) Katoll	4. DATE OF DEATH (Month) (Day) (Year) June 18, 1955
-------------------------------------	------------------------	-------------	-------------------------	---

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH June 24, 1873	9. AGE (In years last birthday) 81	If Under 1 Year Months	If Under 24 Hrs. Days	Hours	Min.
-----------------------	----------------------------------	---	--	---	---------------------------	--------------------------	-------	------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Stone Trucking	10b. KIND OF BUSINESS OR INDUSTRY Stone Construction	11. BIRTHPLACE (State or foreign country) Michigan	12. CITIZEN OF WHAT COUNTRY? U.S.A
--	--	--	--

13. FATHER'S NAME August Katoll	14. MOTHER'S MAIDEN NAME unknown
---	--

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. none	17. INFORMANT (Hospital follow special instructions on this item) a. Signature Walter Katoll
--	--	--

18. CAUSE OF DEATH I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury or complication which caused death. ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), and (c)</i>	b. Address 1011 N. Taylor St. Oak Park, Ill.	c. Relationship to the deceased Son
--	---	---

MEDICAL CERTIFICATION BY PHYSICIAN ATTENDING FINAL ILLNESS	Direct cause (a) Chronic myocarditis	INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last. due to (b) Arteriosclerosis	
	due to (c) chronic arteriosclerosis	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death, but not related to the disease or condition causing death	
---	--

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------	----------------------------------	---

21a. ACCIDENT SUICIDE HOMICIDE (specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
--	--	---

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY	21e. INJURY OCCURRED While at <input type="checkbox"/> Not While at Work <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
---	---	----------------------------

22. I hereby certify that I attended the deceased from **June 15, 1955** to **June 18, 1955**, that I last saw the deceased alive on **June 18, 1955**, and that death occurred at **3:02 P.M.** from the causes and on the date stated above.

23a. SIGNATURE J. Harris (Degree or title) MD	23b. ADDRESS AND PHONE NO. Richmond 3511	23c. DATE SIGNED 6/19/55
--	--	------------------------------------

BURIAL-REMOVAL-CREMATORY (date) June 21, 1955	RECEIVED FOR FILING ON: June 20, 1955
---	---

PLACE Cemetery Forest Home Cemetery	Location Forest Park, Ill.	Signed: James P. Pierce SUB REGISTRAR DEPUTY REGISTRAR
---	--------------------------------------	--

FINERIAL DIRECTOR Firm Name Hursen Undertakers	Address 5911 W. Madison St. Chicago 44, Illinois	LOCAL REGISTRAR: James P. Pierce Address Woodstock, Illinois
--	--	---

Signature J. Hursen	License Number 121	Reserved For State Office
----------------------------	---------------------------	---------------------------

VS&R 200 DEPARTMENT OF PUBLIC HEALTH—Bureau of Statistics

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the record of death as made from the original certificate of death for the decedent named therein and that this certificate was established and filed with the Department of Public Health in accordance with the statutes of Illinois.

SPRINGFIELD

Joyce C. Lashof, M.D.
Joyce C. Lashof, M.D.
Director of Public Health and
State Registrar

MARCH 22, 1974

Address correspondence about vital records to the Office of Vital Records, Department of Public Health, Springfield 62791