

I, DAVID D. ORR, County Clerk of the County of Cook, in the State aforesaid, and Keeper of the Records and Files of said County, do hereby certify that the attached is a true and correct copy of the original Record on file, all of which appears from the records and files in my office.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Seal of the County of Cook, at my office in the City of Chicago, in said County.

David D. Orr
County Clerk

STATE OF ILLINOIS
MEDICAL CERTIFICATE OF DEATHSTATE FILE
NUMBER

76 005890

REGISTRATION DISTRICT NO. 16.92		REGISTERED NUMBER 58							
DECEASED—NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH, DAY, YEAR)			
1. Chester		A.	Burnett	2. Male	3. January 10, 1976				
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)		AGE—LAST BIRTHDAY (YRS.)	UNDER 1 MOS.	YEAR: UNDER 1 DAY	DATE OF BIRTH (MONTH, DAY, YEAR)		PLACE OF DEATH	COUNTY	
4. Negro		5a. 65	5b.	5c.	6. June 10, 1910		7a. Cook		
CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER		INSIDE CITY (YES/NO)		HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)					
7b. Proviso Township		7c. No		7d. Veterans Adm., Hines, Ill. 60141					
BIRTHPLACE (STATE OR FOREIGN COUNTRY)		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE)			
8. Mississippi		9. U.S.A.		10. Married		11. Lillie Handley			
SOCIAL SECURITY NUMBER		USUAL OCCUPATION		KIND OF BUSINESS OR INDUSTRY		U.S. WAR VETERAN (YES/NO)		WAR OR DATES OF SERVICE	
12. 415-34-85-75		13a. Musician		13b. Self-Employed		13c. Yes		13d. World War II	
RESIDENCE STATE		COUNTY		CITY, TOWN, TWP. OR ROAD DISTRICT NO.		INSIDE CITY (YES/NO)		STREET AND NUMBER	
14a. Illinois		14b. Cook		14c. Chicago		14d. Yes		14e. 829 E. 88th Street	
FATHER—NAME		FIRST	MIDDLE	LAST	MOTHER—MAIDEN NAME		FIRST	MIDDLE	LAST
15. Not		Available			16. Not		Available		
INFORMANT'S SIGNATURE		RELATIONSHIP		MAILING ADDRESS (STREET AND NO. OR R. F. D., CITY OR TOWN, STATE, ZIP)					
17a. Robert J. Belch		17b. Hospital		17c. Veterans Adm., Hines, Ill. 60141					
18. DEATH WAS CAUSED BY:		[ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]							
PART I. IMMEDIATE CAUSE		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH							
(a) Metastatic brain carcinoma, undifferentiated; primary site undetermined.									
(b) DUE TO OR AS A CONSEQUENCE OF:									
(c) DUE TO OR AS A CONSEQUENCE OF:									
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)		AUTOPSY (YES/NO)		IF YES, WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH					
Chronic renal failure requiring hemodialysis		19a. No		19b.					
DATE OF OPERATION, IF ANY		MAJOR FINDINGS OF OPERATION		AMENDED ON: 3-24-76					
20a. 1-8-76		20b. Tumor							
I ATTENDED THE DECEASED FROM:		AND LAST SAW HIM/HER ALIVE ON:		DATE OF DEATH		HOUR OF DEATH			
21a. December 13, 1975		21b. January 10, 1976		21c. January 10, 1976		21d. 3:00 P.M.			
I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE THIS DEATH OCCURRED ON THE DATE, AT THE TIME AND PLACE, AND FROM THE CAUSE(S) STATED				NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH, THE CORONER MUST BE NOTIFIED.					
SIGNATURE		DATE SIGNED (MONTH, DAY, YEAR)		ILLINOIS LICENSE NUMBER					
22a. E. A. CARASIG, M.D.		22b. January 10, 1976		22c. 36-51599					
MAILING ADDRESS—CERTIFIER		STREET AND NUMBER OR R. F. D.		CITY OR TOWN		STATE		ZIP	
23. Veterans		Adm.		Hines		Ill		60141	
BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY OR CREMATORY—NAME		LOCATION		CITY OR TOWN		STATE	DATE (MONTH, DAY, YEAR)
24a. Burial		24b. Oakridge		24c. Hillside		Ill		24d. 1	17 76
FUNERAL HOME		NAME		STREET AND NUMBER OR R. F. D.		CITY OR TOWN		STATE	ZIP
25a. A.R. Leak		2838 S. Cottage Grove		Chicago		Ill		60619	
FUNERAL DIRECTOR'S SIGNATURE		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER		DATE REC'D. BY LOCAL REGISTRAR (MONTH, DAY, YEAR)					
25b. A.R. Leak		25c. 4390		26a. Jan. 13, 1976					
LOCAL REGISTRAR'S SIGNATURE		FOREST PARK, ILLINOIS 60130		26b.					