STATE OF IOWA, MADISON COUNTY, ss.

Inst. No. 1074 Filed for Record this 10 day of Nov 19 76 at 2:45 P.M.

Book 31 Page 291 Recording Fee 2.50 Mary E. Welty, Recorder, By _____ Deputy

REGISTRATION DISTRICT NO. 22.0E

REGISTERED NUMBER 514

STATE OF ILLINOIS — STATE FILE NUMBER

MEDICAL CERTIFICATE OF DEATH

DECEASED—NAME (FIRST / MIDDLE / LAST)	SEX	DATE OF DEATH (MONTH, DAY, YEAR)
1. FRANCES / McCLEEARY	2. FEMALE	3. NOVEMBER 11, 1976

RACE (WHITE, NEGRO, AMERICAN INDIAN, ETC.) (SPECIFY)	AGE—LAST BIRTHDAY (YRS.)	UNDER 1 YEAR: MOS. / DAYS	UNDER 1 DAY: HOURS / MIN.	DATE OF BIRTH (MONTH, DAY, YEAR)	PLACE OF DEATH: COUNTY
4. WHITE	5a. ~~97~~96	5b.	5c.	6. NOVEMBER 15, 1879	7a. DUPAGE

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. HINSDALE	7c. YES	7d. HINSDALE SANITARIUM AND HOSPITAL

BIRTHPLACE (STATE OR FOREIGN COUNTRY)	CITIZEN OF WHAT COUNTRY	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)	NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE)
8. IOWA	9. U.S.A.	10. WIDOWED	11. NONE

SOCIAL SECURITY NUMBER	USUAL OCCUPATION	KIND OF BUSINESS OR INDUSTRY	U.S. WAR VETERAN (YES/NO)	WAR OR DATES OF SERVICE
12. [redacted]	13a. HOME MAKER	13b. AT HOME	13c. NO	13d.

RESIDENCE: STATE	COUNTY	CITY, TOWN, TWP. OR ROAD DISTRICT NO.	INSIDE CITY (YES/NO)	STREET AND NUMBER
14a. ILLINOIS	14b. DUPAGE	14c. HINSDALE	14d. YES	14e. 225 THE LANE

FATHER—NAME (FIRST / MIDDLE / LAST)	MOTHER—MAIDEN NAME (FIRST / MIDDLE / LAST)
15. JAMES / McCLOSKEY	16. KEZIA / YOUNG

INFORMANT'S SIGNATURE	RELATIONSHIP	MAILING ADDRESS (STREET AND NO. OR R. F. D., CITY OR TOWN, STATE, ZIP)
17a. ▶ Marji MacKenzie, R.R.A.	17b. HOSPITAL RECORDS	17c. 120 N. OAK ST., HINSDALE, IL. 60521

18. DEATH WAS CAUSED BY: [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]

PART I.		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE	(a) Cerebrovascular Accident	11 days
CONDITIONS, IF ANY, WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.	DUE TO OR AS A CONSEQUENCE OF: (b) Arteriosclerotic cerebrovascular Disease	
	DUE TO OR AS A CONSEQUENCE OF: (c)	

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
19a. No	19b.

DATE OF OPERATION, IF ANY	MAJOR FINDINGS OF OPERATION
20a.	20b.

I ATTENDED THE DECEASED FROM: (MONTH, DAY, YEAR)	TO (MONTH, DAY, YEAR)	AND LAST SAW HIM/HER ALIVE ON: (MONTH, DAY, YEAR)	HOUR OF DEATH
21a. 10-30-76	21b. 11-11-76	21c. 10-10-76	21d. 1720 A.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. ▶ [signature]	22b. 11-16-76	22c. 20380

MAILING ADDRESS—CERTIFIER: STREET AND NUMBER OR R. F. D.	CITY OR TOWN	STATE	ZIP
23. 40 So Clay	Hinsdale	Ill	60521

BURIAL, CREMATION, REMOVAL (SPECIFY)	CEMETERY OR CREMATORY—NAME	LOCATION: CITY OR TOWN	STATE	DATE (MONTH, DAY, YEAR)
24a. Burial	24b. St. Charles	24c. St. Charles	Iowa	24d. Nov. 13, 1976

FUNERAL HOME: NAME	STREET AND NUMBER OR R. F. D.	CITY OR TOWN	STATE	ZIP
25a. Elliston Funeral Home	60 S. Grant St.	Hinsdale	Illinois	60521

FUNERAL DIRECTOR'S SIGNATURE	FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER
25b. ▶ Leon E. Elliston	25c. 4716

LOCAL REGISTRAR'S SIGNATURE		DATE REC'D. BY LOCAL REGISTRAR (MONTH, DAY, YEAR)
26a. ▶ LaVera Kalous	DUPAGE COUNTY HEALTH DEPT. 111 N. COUNTY FARM ROAD WHEATON, ILLINOIS 60187	26b. NOV 12 1976

VR 200 (1971r) Illinois Department of Public Health - Office of Vital Records (BASED ON 1968 U. S. STANDARD CERTIFICATE)

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent named at item 1 and that this record was established and filed in my office in accordance with the provisions of the Illinois statutes relating to the registration of births, stillbirths and deaths.

DATE NOV 12 1976

AT HINSDALE, Illinois

SIGNED [signature]

OFFICIAL TITLE REGISTRAR

The original record of this death is permanently filed with the ILLINOIS DEPARTMENT OF PUBLIC HEALTH at Springfield. County clerks and local registrars are authorized to make certifications from copies of the original record. The Illinois statutes provide that the certification of a death record by the Department of Public Health or the local registrar or the county clerk shall be prima facie evidence in all courts and places of the facts therein stated.

VS&R 201.1 DEPARTMENT OF PUBLIC HEALTH—Bureau of Statistics.

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