

UNOFFICIAL COPY

0020101307

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2002-01-24 15:37:27

Cook County Recorder 23.50



0020101307

Attached find the death certificate of Geneva Conway ,
who departed this life on December 27, 1989, and was the
record sole owner of the real estate commonly known as
7158 and 7156 South Aberdeen, 60621-1004 with the
following legal description:

=====**For Recorder's Use**=====

Lot 29 in Block 1 in E.M. Condit's Subdivision of the West ½ of the Northwest ¼ of the Northeast ¼ of
Section 29, Township 38 North, Range 14, East of the Third Principal Meridian, in Cook County, Illinois,
commonly known as 7156 S. ABERDEEN, CHICAGO IL

and

Lot 28 in Block 1 in E.M. Condit's Subdivision of the West ½ of the Northwest ¼ of the Northeast ¼ of
Section 29, Township 38 North, Range 14, East of the Third Principal Meridian, in Cook County, Illinois,
commonly known as 7156 S. ABERDEEN, CHICAGO IL

The permanent tax number is 120-29-201-044

This instrument was prepared by Paul Karoll, 53 West Jackson, Suite 1035, Chicago IL 60604.

Mail to:
PAUL KAROLL
53 West Jackson Suite 1035
Chicago IL 60604

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I, ROBERT L. BRACKENRIDGE, Clerk of the County of Berrien, Clerk of the Circuit Court of said County, the same being a Court of Record and having a seal, do hereby certify that I have compared the below copy with the record thereof now remaining in my office and have found it to be a true copy.

IN TESTIMONY WHEREOF, I have hereunto set my hand and have affixed the Seal of said Circuit Court at St. Joseph,

this 29th day of December, A.D. 19 89

ROBERT L. BRACKENRIDGE
COUNTY CLERK

Sue Weber
DEPUTY CLERK



STATE OF MICHIGAN
DEPARTMENT OF PUBLIC HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER
No 0271274

TYPE/PRINT
IN
PERMANENT
BLACK INK

LF _____
CF _____

1. DECEDENT'S NAME (First, Middle, Last) Geneva Conway					2. SEX Female	3. DATE OF DEATH (Month, Day, Year) December 27 1989
4a. AGE - Last Birthday (Years) 65	4b. UNDER 1 YEAR MONTHS _____ DAYS _____	4c. UNDER 1 DAY HOURS _____ MINUTES _____	5. DATE OF BIRTH (Month, Day, Year) July 4 1924	6. COUNTY OF DEATH Berrien		
7a. LOCATION OF DEATH (Enter place of death pronounced dead in 7a, 7b, 7c.) HOSPITAL OR OTHER INSTITUTION - Name (If not in either, give street and number) Mercy Memorial Medical Center				7b. IF HOSP. OR INST. Inpatient, Op./Emer. Room, DOA (Specify) E/R	7c. CITY, VILLAGE, OR TOWNSHIP OF DEATH St Joseph City	
8. SOCIAL SECURITY NUMBER 465-20-3685		9a. USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Attendant		9b. KIND OF BUSINESS OR INDUSTRY Parks and recreation		
10a. CURRENT RESIDENCE - STATE Illinois	10b. COUNTY Cook	10c. LOCALITY (Check one box and specify) <input checked="" type="checkbox"/> INSIDE CITY OR VILLAGE OF Chicago		10d. STREET AND NUMBER 7156 S Aberdeen		
10e. ZIP CODE 60621	11. BIRTHPLACE (City and State or Foreign Country) Texarkana, Arkansas	12. MARITAL STATUS - Married, Never married, Widowed, Divorced (Specify) Divorced	13. SURVIVING SPOUSE (If wife, give name before first married)	14. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No) No		
15. ANCESTRY - Mexican, Puerto Rican, Cuban, Central or South American, Chicano, other Hispanic, Afro-American, Arab, English, French, Finnish, etc. (Specify below) Afro-American		16. RACE - American Indian, Black, White, etc. If Asian, give nationality i.e. Chinese, Filipino, Asian Indian, etc. (Specify below) Black		17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (14 or 5+) 10		
18. FATHER'S NAME (First, Middle, Last) Unknown			19. MOTHER'S NAME (First, Middle, Surname before first married) Unknown			
20a. INFORMANT'S NAME (Type/Print) Esther Conway			20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Village, State, ZIP Code) 7156 S. Aberdeen Chicago Illinois 60621			
21. METHOD OF DISPOSITION - Burial, Cremation, Removal, Donation, Other (Specify) Burial		22a. PLACE OF DISPOSITION (Name of Cemetery, Crematory, or other place) Mt Vernon Cemetery		22b. LOCATION - City or Village, State Lemont Co Illinois		
23. SIGNATURE OF FUNERAL SERVICE LICENSEE <i>[Signature]</i>		24. LICENSE NUMBER (of Licensee) 03550	25. NAME AND ADDRESS OF FACILITY Robbins Bros Funeral Home 204 S Fair Benton Harbor Michigan 49022			
26. PART I Enter the diseases, injuries, or complications that caused the death. Do NOT enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) → Crushed chest DUE TO (OR AS A CONSEQUENCE OF) minutes						Approximate Interval Between Onset and Death
Sequentially list conditions, IF ANY, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST						
b. Torn inferior vena cava DUE TO (OR AS A CONSEQUENCE OF) minutes						
c. Crushed liver DUE TO (OR AS A CONSEQUENCE OF) minutes						
d. automobile accident DUE TO (OR AS A CONSEQUENCE OF) minutes						
PART II Other significant conditions contributing to death but not resulting in the underlying cause given in Part I						
27a. WAS AN AUTOPSY PERFORMED? (Yes or No) Yes				27b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or No) Yes		
28. ACTUAL PLACE OF DEATH (Home, Nursing Home, Hospital, Ambulance) (Specify) Road		29. WAS CASE REFERRED TO MEDICAL EXAMINER? (Specify Yes or No) Yes		31a. (Check one only) <input type="checkbox"/> The case reviewed and determined not to be a medical examiner's case. <input checked="" type="checkbox"/> On the basis of examination and of investigation, in my opinion death occurred at the time, date and place and due to the cause(s) and manner stated.		
30a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title) <i>[Signature]</i>		30b. DATE SIGNED (Mo., Day, Yr.) _____		30c. TIME OF DEATH _____		31b. DATE SIGNED (Mo., Day, Yr.) 12-27-89
30d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		M		31c. CASE NUMBER A2211		
32a. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE-OF-DEATH (ITEM 26) (Type or Print) Paul Tam MD, 2820 Niles Rd., St. Joseph, Mi 49088				32b. LICENSE NUMBER 035266		
33a. ACC. SUICIDE, HOM. NATURAL OR PENDING INVT. (Specify) Accidental		33b. DATE OF INJURY (Mo., Day, Yr.) 12-27-89	33c. TIME OF INJURY 7:15 AM	33d. DESCRIBE HOW INJURY OCCURRED one car accident		
34a. INJURY AT WORK (Yes or No) No		34b. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify) Road		34c. LOCATION - Street or RFD No. City, Village or Twp. State 194 at Pipestone, Benton Harbor, Mi.		
34d. DATE FILED (Month, Day, Year)						

FOR USE BY PHYSICIAN OR INSTITUTION

500
DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

MEDICAL EXAMINER

PHYSICIAN

UNOFFICIAL COPY

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68/1/89
REGISTRAR'S SIGNATURE
J. Brockmidge