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STATE OF ILLINOIS )  
County of Cook )

DAVID ORR, County Clerk

APR 22 2003

I, David 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 THEREOF, 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 Orr*  
COUNTY CLERK

DECEDENT'S BIRTH NO.		REGISTRATION DISTRICT <b>16.0</b>		STATE OF ILLINOIS		STATE FILE NUMBER		
		REGISTERED NUMBER		<b>MEDICAL CERTIFICATE OF DEATH</b>				
Type or Print in PERMANENT INK See Funeral Directors, Hospital, or Physicians Handbook for INSTRUCTIONS	1. DECEASED NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH, DAY, YEAR)	
	1. FRANCESCO				UNGARO	2. MALE	3. APRIL 19, 2003	
	CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER		AGE-LAST BIRTHDAY (YRS)		UNDER 1 YEAR	UNDER 1 DAY	DATE OF BIRTH (MONTH, DAY, YEAR)	
	4. COOK		5a. 73	5b. MOS. DAYS	5c. HOURS MIN	5d. AUGUST 8, 1929		
	6a. DESPLAINES		6b. HOLY FAMILY MEDICAL CENTER				IF HOSP. OR INST. INDICATE D.O.A. OP/EMER. RM. INPATIENT (SPECIFY)	
	BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE)		6c. EMER. RM.	
	7. ITALY		9a. MARRIED		8b. CRESCENZA DE MONTE		9. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO)	
	SOCIAL SECURITY NUMBER		11a. MEAT PACKER		11b. MEATS		EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED)	
	10. 332 50 1878		12. 8		13c. YES		College (1-4 or 5+)	
	RESIDENCE (STREET AND NUMBER)		CITY, TOWN, TWP, OR ROAD DISTRICT NO.		INSIDE CITY (YES/NO)		COUNTY	
13a. 1418 WEBSTER LN.		13b. DES PLAINES		13c. YES		13d. COOK		
STATE		ZIP CODE		RACE (WHITE, BLACK, AMERICAN INDIAN, etc. USE SPECIFY)		OF HISPANIC ORIGIN? (SPECIFY NO OR YES-IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.)		
13e. ILLINOIS		13f. 60018		14a. WHITE				
FATHER-NAME		FIRST	MIDDLE	LAST	14b. <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES SPECIFY:			
15. GIACOMO				UNGARO	16. MARGHERITA GAUDIUSO			
INFORMANT'S NAME (TYPE OR PRINT)		RELATIONSHIP		MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP)				
17a. CRESCENZA UNGARO		17b. WIFE		17c. 1418 WEBSTER LN, DESPLAINES, IL. 60018				
18. PART I.		Enter the diseases, 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.					APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
Immediate Cause (Final disease or condition resulting in death)		(a) Cardiac arrest						
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.		(b) Acute Respiratory failure						
		(c) Chronic obstructive pulmonary disease						
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.								
DATE OF OPERATION, IF ANY		MAJOR FINDINGS OF OPERATION		AUTOPSY (YES/NO)		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO)		
20a.		20b.		19a. NO		19b.		
1 (DID) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON (MONTH, DAY, YEAR)		21a. 4.5.03		WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO)		HOUR OF DEATH		
21a.				21b. YES		21c. 6:28 P.M.		
TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.		22a. SIGNATURE		NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)		DATE SIGNED (MONTH, DAY, YEAR)		
CERTIFIER				22c. DR. PATEL N.W. CENTRAL, ARLINGTON HTS., IL		22b. 4/21/03		
				NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)		ILLINOIS LICENSE NUMBER		
						22d. 036-100655		
23.		BURIAL CREMATION, REMOVAL (SPECIFY)		CEMETERY OR CREMATORY-NAME		LOCATION CITY OR TOWN STATE		
DISPOSITION		24a. BURIAL		24b. ALL SAINTS		24c. DES PLAINES, IL		
		FUNERAL HOME NAME		STREET AND NUMBER OR R.F.D.		CITY OR TOWN STATE ZIP		
		25a. CUMBERLAND CHAPELS		8300 W. LAWRENCE AVENUE		NORRIDGE, ILLINOIS 60706		
		FUNERAL DIRECTOR'S SIGNATURE		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER		25c. 031-008880		
		25b. <i>Saint A. ...</i>						
		LOCAL REGISTRAR'S SIGNATURE		DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)		26b. April 22 2003		
		26a. <i>David Orr</i>						