

UNOFFICIAL COPY

Property of

The west half (except the east 2 1/2 feet thereof) of lot 45 and the east .3 feet of lot 44 in block 8 in Deby's addition to Chicago being a resubdivision of lots 20,23 to 29 both inclusive, 70 to 72 both inclusive and 74 to 76 both inclusive 78 and 79 in C.J. Hull's subdivision of the west half of the southeast quarter of section 9, township 39 north, range 13, east of the Third Principal Meridian, in Cook County, Illinois

PN # 16-09-922-025-0000

Cook County Clerk's Office

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STATE OF ILLINOIS
 STATE FILE NUMBER
617091
 COUNTY OF COOK
 CITY OF CHICAGO

STATE OF ILLINOIS
 MEDICAL CERTIFICATE OF DEATH
 DISTRICT NO. **16.10**
 REGISTERED MEMBER
 DECEASED NAME **Crystal Plato**
 SEX **Female**
 DATE OF BIRTH (MONTH, DAY, YEAR) **Nov. 15, 2003**

DATE OF DEATH (MONTH, DAY, YEAR) **NOV 20 2003**
 DATE OF BIRTH (MONTH, DAY, YEAR) **FEBRUARY 17, 1921**
 SEX **Female**
 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)
WIDOWED
 NAME OF SURVIVING SPOUSE (MAIDEN NAME IF WIFE)
NONE
 HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)
Rush University Medical Center
 CITY, TOWN, TWP. OR ROAD DISTRICT NO.
CHICAGO

AGE-LAST BIRTHDAY (YRS) **82**
 UNDER 1 YEAR UNDER 1 DAY UNDER 1 HOUR
 HOURS MIN. SEC.
 DATE OF BIRTH (MONTH, DAY, YEAR)
FEBRUARY 17, 1921
 IF HOPE, OR INST. INDICATE D.O.A. OR OTHER R.M. IF APPLICABLE (SPECIFY)
Indt.
 WAS DECEASED EVENTUALLY ARMED FORCES (Y/N)
NO

EDUCATIONAL (SPECIFY ONLY HIGHEST GRADE COMPLETED)
10
 INSIDE CITY **YES**
 COUNTY **COOK**
 ZIP CODE **60644**
 RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY)
BLACK
 OF HISPANIC ORIGIN? (SPECIFY NO OR YES-IF YES, SPECIFY CUBAN, etc.)
NO

RELATIONSHIP **SON**
 MOTHER-NAME FIRST MIDDLE LAST **BLANCHE WALKER**
 MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP)
5010 W. WASHINGTON BLVD. CHICAGO

DECEASED NAME (TYPE OR PRINT) **SAMUEL BUTLER**
 PART I. Enter the diseases or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest.
 IMMEDIATE CAUSE (Final cause or condition leading to death)
hypoxia
 DUE TO, OR AS A CONSEQUENCE OF
aspiration of gastric contents
 DUE TO, OR AS A CONSEQUENCE OF
nausea / vomiting
 USE LAST. (c) **hypoxia / metastatic cervical cancer**

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT LISTED IN THE UNDERLYING CAUSE GIVEN IN PART I.
hypoxia / metastatic cervical cancer

MAJOR FINDINGS OF OPERATION
hypoxia / metastatic cervical cancer

1. DID NOT ATTEND THE DECEASED (MONTH, DAY, YEAR) **11/15/03**
 2. LAST SAW / NUMBER ALIVE ON **11/15/03**
 THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.
 21c. HOUR OF DEATH **7:45 P.**
 DATE SIGNED (MONTH, DAY, YEAR) **11/16/03**
 ILLINOIS LICENSE NUMBER **22d. 36096048**

2. SIGNATURE OF CERTIFIER (TYPE OR PRINT) **Dr. Richard Huh**
 WE AND ADDRESS OF CERTIFIER (TYPE OR PRINT) **1653 W. Congress Pkwy Chgo IL 60612**
 NAME AND ADDRESS OF OTHER THAN CERTIFIER (TYPE OR PRINT)

NAME AND ADDRESS OF PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)

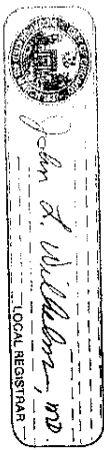
1. RITUAL CREMATION, BURIAL, OR OTHER (TYPE OR PRINT) **BURIAL**
 24b. NAME **BURR OAK**
 STREET AND NUMBER OR R.F.D. **ALSIP, IL.**
 CITY OR TOWN **ALSIP, IL.**
 STATE **IL.**
 ZIP **60612**

2. WALLACE BROADVIEW FUNERAL HOME 2020 ROOSEVELT ROAD BROADVIEW, IL.
 GENERAL DIRECTOR'S SIGNATURE **John A. Wilhelms, M.D.**
 25c. 34-9351
 DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) **NOV 20 2003**

2. LOCAL REGISTRAR'S SIGNATURE **John A. Wilhelms, M.D.**
 DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) **NOV 20 2003**
 (BASED ON 1903 U.S. STANDARD CERTIFICATE)

STATE OF ILLINOIS
 COUNTY OF COOK
 CITY OF CHICAGO
NOV 20 2003

I, JOHN L. WILHELM M.D., LOCAL REGISTRAR OF VITAL STATISTICS OF THE CITY OF CHICAGO, DO HEREBY CERTIFY THAT I AM THE KEEPER OF THE RECORDS FOR THE CITY OF CHICAGO AND DEATHS FOR THE CITY OF CHICAGO BY VIRTUE OF THE LAWS OF THE STATE OF ILLINOIS AND THE ORDINANCES OF THE CITY OF CHICAGO; THAT THE ACCOMPANYING CERTIFICATE ON THIS SHEET IS A TRUE COPY OF A RECORD KEPT BY ME IN ORDINANCE OF SAID LAW AND ORDINANCES.



THIS CERTIFICATE COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.