



JAN 21 2004

STATE OF ILLINOIS  
County of Cook**UNOFFICIAL COPY**

DAVID ORR, County Clerk

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 NO.	STATE OF ILLINOIS				STATE FILE NUMBER
		16.0	<b>MEDICAL CERTIFICATE OF DEATH</b>				
		REGISTERED NUMBER					
<b>Type or Print in PERMANENT INK</b> See Funeral Directors, Hospital, or Physicians Handbook for INSTRUCTIONS	1. DECEASED NAME FIRST MIDDLE LAST		2. SEX		3. DATE OF DEATH (MONTH, DAY, YEAR)		
	Margaret A. Vanderbilt		Female		January 16, 2004		
	4. COUNTY OF DEATH		AGE—LAST BIRTHDAY (YRS)		DATE OF BIRTH (MONTH, DAY, YEAR)		
	Cook		5a. 78		5d. August 29, 1925		
	5. CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER		6. HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)		6c. IF HOSP. OR INST. INDICATE D.O.A. OP/EMER. RM. INPATIENT (SPECIFY)		
	6a. Lansing		6b. Tristate Manor Nursing & Rehab		6c. Inpatient		
	7. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)		8. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		9. NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE)		
	Lansing, IL		8a. Married		8b. Edward Vanderbilt		
	10. SOCIAL SECURITY NUMBER		11. USUAL OCCUPATION		12. EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED)		
	314-20-0509		11a. Office mgr.		12. 12		
13a. RESIDENCE (STREET AND NUMBER)		13b. CITY, TOWN, TWP. OR ROAD DISTRICT NO.		13c. INSIDE CITY (YES/NO)			
1410 186th St.		Lansing		13d. Cook			
13e. STATE		13f. ZIP CODE		14. RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY)			
Illinois		60438		14a. White			
15. FATHER—NAME FIRST MIDDLE LAST		16. MOTHER—NAME FIRST MIDDLE LAST (MAIDEN) LAST		17. OF HISPANIC ORIGIN? (SPECIFY YES OR NO—IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.)			
William Dommer		Catherine Hannigan		17b. X NO <input type="checkbox"/> YES SPECIFY:			
18. INFORMANT'S NAME (TYPE OR PRINT)		19. RELATIONSHIP		20. MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP)			
Edward Vanderbilt		19b. Husband		17c. 1410 186th St. Lansing, IL 60438			
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.		21. IMMEDIATE CAUSE (Final disease or condition resulting in death)		22. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
		(a) <i>Myelodysplastic Disorder</i>					
		(b) DUE TO, OR AS A CONSEQUENCE OF					
		(c) DUE TO, OR AS A CONSEQUENCE OF					
23. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.		24. ANATOMY (YES/NO)		25. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO)			
Anemia Hypertension		24b. NO		25b. NO			
26. DATE OF OPERATION, IF ANY		27. MAJOR FINDINGS OF OPERATION		28. IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS?			
20a.		20b.		28c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
29. I (DID) (DID NOT) ATTEND THE DECEASED (MONTH, DAY, YEAR) AND LAST SAW HIM/HER ALIVE ON		30. WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO)		31. HOUR OF DEATH			
21a. 1-20-04		30b. No		31c. 10:50 P.M.			
32. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.		33. SIGNATURE		34. DATE SIGNED (MONTH, DAY, YEAR)			
		<i>Bruce Parisi</i>		34b. 1-20-04			
35. NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)		36. ILLINOIS LICENSE NUMBER		37. NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.			
35a. Bruce Parisi, MD 1851 Sibley Blvd. Calumet City, IL 60409		36b. 03606600					
38. BURIAL, CREMATION, REMOVAL (SPECIFY)		39. CEMETERY OR CREMATORY—NAME		40. LOCATION CITY OR TOWN STATE			
24a. Burial		39b. Oakridge Cemetery		40b. Lansing, Illinois			
41. FUNERAL HOME NAME STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE ZIP		42. DATE (MONTH, DAY, YEAR)		43. HOUR OF DEATH			
25a. Schroeder-Lauer Funeral Home 3227 Ridge Rd. Lansing, IL 60438		42b. 2004		43b. 24 Jan. 20,			
44. FUNERAL DIRECTOR'S SIGNATURE		45. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER		46. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)			
44b. <i>William C. Ryan</i>		45b. 034-012218		46b. JAN 21 2004			
47. LOCAL REGISTRAR'S SIGNATURE		48. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)					
47a. <i>David D. Orr</i>		48b. JAN 21 2004					