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DECEDENT'S BIRTH NO.

STATE OF ILLINOIS

STATE FILE NUMBER

MEDICAL CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. 035
 REGISTERED NUMBER 04

Type or Print In PERMANENT INK See Funeral Directors, Hospital or Physicians Handbook for INSTRUCTIONS

DECEASED - NAME Lillian FIRST Peditone MIDDLE George LAST Peditone SEX Female DATE OF DEATH (MONTH, DAY, YEAR) January 9, 2003
 COUNTY OF DEATH Cook AGE - LAST BIRTHDAY (YRS) 92 UNDER 1 YEAR 0 MONTHS 0 DAYS 0 HOURS 0 MIN 0 SEC. DATE OF BIRTH (MONTH, DAY, YEAR) April 8, 1930
 CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER 11111111 HOSPITAL OR OTHER INSTITUTION - NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) Gottlieb Memorial Hospital IF HOSE OR INST. INDICATED, DO OPER. RM. INPATIENT (SPECI)

DECEASED

6a. Melrose Park BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) 6b. Gottlieb Memorial Hospital MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 6c. patient WAS DECEASED EVER I ARMED FORCES? (YES/NO)
 7. Chicago, IL SOCIAL SECURITY NUMBER 8a. Married 8b. George Peditone NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE)
 10. 346-24-3367 RESIDENCE (STREET AND NUMBER) 11a. Housewife 11b. Own Home KIND OF BUSINESS OR INDUSTRY 12. Elementary EDUCATION (SPE. IF ONLY HIGHEST GRADE COMPLETED) 13a. 2305 Calwagner 13b. Melrose Park 13c. No 13d. Cook STATE ZIP CODE CITY, TOWN, TWP. OR ROAD DISTRICT NO. (N/C/D CITY (YES/NO) COUNTY
 13a Illinois 13c. 60164 14a. White 14b. No 14c. Yes SPECIFY: 14d. Yes SPECIFY: CUBAN, MEXICAN, PUERTO RICAN, AMERICAN INDIAN, ETC. (SPECIFY)
 FATHER - NAME FIRST MIDDLE LAST MOTHER - NAME FIRST MIDDLE LAST (MAIDEN) LAST
 15. Kuzma Bukovsky Frances Bachraty INFORMANTS NAME (TYPE OR PRINT) RELATIONSHIP MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP)

PARENTS

17a. Mr. George Peditone 17b. Husband 17c. 2305 Calwagner 17d. IL 60164 IMMEDIATE CAUSE (a) WHICH GIVE RISE TO STATING THE UNDERLYING CAUSE LAST. (b) Ruptured Abdominal Aneurysm (c) Due to, or as a consequence of (a) ruptured (b) Abdominal (c) Aneurysm 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. Immediate Cause (Final disease or condition resulting in death)

CAUSE

18. PART I. CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. (b) DUE TO, OR AS A CONSEQUENCE OF (c) PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.
 DATE OF OPERATION, IF ANY 20a. Jan 13 2003 MAJOR FINDINGS OF OPERATION 20b. No AUTOPSY (YES/NO) 19a. No WERE AUTOPSY FINDINGS AVAILABLE FOR COMPLETION OF CAUSE OF DEATH? (YES/NO) 20c. No IF FEMALE, WAS THERE A PREGNANCY IN THREE MONTHS? YES NO

CERTIFIER

21a. Jan 13 2003 TO THE BEST OF MY KNOWLEDGE, DISEASE OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.
 22a. SIGNATURE [Signature] (TYPE OR PRINT) 22b. 110/03 ILLINOIS LICENSE NUMBER
 22c. 10:20 P. HOUR OF DEATH
 22d. 036-094634 NOTE: IF AN INJURY WAS INVOLVED IN THE DEATH, THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.
 22e. 036-094634 ILLINOIS LICENSE NUMBER

DISPOSITION

23. Edward Garza MD 2160 S. First Ave. Maywood, IL BURIAL, CREMATION, REMOVAL (SPECIFY) 24a. Monarch Crematorium 24b. Franklin Park 24c. IL 24d. Jan. 13, 2003 CEMETERY OR CREMATORY - NAME STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE DATE (MONTH, DAY, YEAR)
 25a. Sax-Tiedemann Funeral Home & Crematorium 9568 Belmont Ave. Franklin Park, IL FUNERAL DIRECTORS SIGNATURE 25b. 034-012097 FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER
 26a. [Signature] LOCAL REGISTRAR'S SIGNATURE 26b. January 13, 2003 DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)
 (BASED ON 1989 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 Vital Records Act.

DATE January 13, 2003 SIGNED [Signature] BY: [Signature] REGISTRAR
 AT MELROSE PARK, Illinois OFFICIAL TITLE

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, local registrar or county clerk shall be prima facie evidence in all courts and places of the facts therein stated.