



# UNOFFICIAL COPY

9. That my brother, **Carl King** died February 1, 2003, leaving as his only heirs his wife, **Vera King**, his daughter **Keiya King** and son **Carl King, Jr.**

10. **Vera King, Keiya King and Carl King, Jr.** have deeded their interest to **Valerie King and Shirley Allen.**

11. That my great uncle **Jodie Moore**, a widower, died leaving as his only heirs his nephew **Johnnie King**, deceased, nephew **Willie King**, and niece **Anabelle Lamb**. That **Jodie Moore** was married to **Emma Moore** who predeceased him (date of her death Jan. 14, 1994). That **Johnnie and Emma** had no children born to or adopted by them. \*

12. That at the time of his death, my great uncle **Jodie Moore** the co-owner of the property located at 6927 S. Peoria, Chicago, Illinois.

13. That **Willie King and Anabelle Lamb** have deeded their interest to **Valerie King and Shirley Allen.**

14. That all heirs are over 18 and competent.

15. That any and all debts, including public and old age assistance advancements, funeral, doctor and hospital bills have been paid in full for **Johnnie King, Orbin King, and Jodie Moore.**

\* That **Jodie Moore** never remarried and no children were born to or adopted by him. That **Jodie Moore** has one sibling, **Anna King** who predeceased him. That **Anna King** had 3 children, **Johnnie King (deceased)**, **Willie King** & **Anabelle Lamb**.

Shirley Allen  
SHIRLEY ALLEN

\*\* That **James Grady**, a widower, having no children born to his only marriage and no children adopted, leaving as his only heir at law, his nephew, **Jodie Moore**; That **James Grady** had one sister, **Susie Chappel**, who predeceased him and was a widow at the time of her death. **Susie Chappel** had only one child born to or adopted by her, namely **Jodie Moore**.



# UNOFFICIAL COPY

CITY OF CHICAGO  
DEPARTMENT OF PUBLIC HEALTH

STATE OF ILLINOIS

REGISTRATION DISTRICT NO. 16.10

## MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER

613554

STATE OF ILLINOIS  
COUNTY OF COOK  
CITY OF CHICAGO

SEP 29 2004

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 OF BIRTHS, STILLBIRTHS 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.

John L. Wilhelm, MD  
LOCAL REGISTRAR

THIS CERTIFICATE COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.

1. DECEASED-NAME FIRST MIDDLE LAST Jodie Moore	2. SEX MALE	DATE OF DEATH (MONTH, DAY, YEAR) September 26, 04
3. COUNTY OF DEATH Cook	4. DATE OF BIRTH (MONTH, DAY, YEAR) September 26, 04	
5. CITY, TOWN, TWP, OR ROAD/DISTRICT NUMBER Chicago	5a. HOURS 9.5	5d. DATE OF BIRTH (MONTH, DAY, YEAR) September 11, 1908
6a. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) WIDOWED	6b. NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) Mercy	6c. INPATIENT
7. RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) BLACK	8. KIND OF BUSINESS OR INDUSTRY GENERAL	9. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO) YES
8a. SOCIAL SECURITY NUMBER 359-05-5751	11a. LABORER	12. EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) College (1-4 or 5+)
10. RESIDENCE (STREET AND NUMBER) 6927 S. Peoria	11b. CITY, TOWN, TWP, OR ROAD/DISTRICT NO. Chicago	13. INSIDE CITY (YES/NO) YES
13a. ILLINOIS STATE ZIP CODE 60621	13b. RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) BLACK	13c. COUNTY Cook
FATHER-NAME FIRST MIDDLE LAST Dow Moore	14. MOTHER-NAME FIRST MIDDLE LAST Susie Moore	14b. MOTHER-NAME FIRST MIDDLE LAST Susie Moore
15. INFORMANT'S NAME (TYPE OR PRINT) 17a. WILLIE KING	16. RELATIONSHIP 17b. MOTHER	17c. MAILING ADDRESS (STREET AND NO. CHURCH, CITY OR TOWN, STATE, ZIP) 3204 N. Green Road, Chicago, IL 60472
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. (a) IMMEDIATE CAUSE (Final disease or condition resulting in death) END STAGE DEMENTIA (b) DUE TO, OR AS A CONSEQUENCE OF HOSPICE (c) IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.		
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.		
20a. DATE OF OPERATION, IF ANY	20b. MAJOR FINDINGS OF OPERATION	19a. AUTOPSY (YES/NO) NO
21a. (DID) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON 9-25-04	21b. VENDOR OR MEDICAL EXAMINER NOTIFIED? (YES/NO) NO	19b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO) NO
21c. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED. 4:20 A. M. DATE SIGNED (MONTH, DAY, YEAR) September 26, 04		
22a. SIGNATURE Dr. Seshan Subramanian	22b. ILLINOIS LICENSE NUMBER 036-041610	22c. DATE SIGNED (MONTH, DAY, YEAR) September 26, 04
23. NAME AND ADDRESS OF CERTIFIER Dr. Seshan Subramanian		
24. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) Taylor Funeral Home		
24a. BUREAU OF VITAL RECORDS (SPECIFY) BUREAU OF VITAL RECORDS	24b. CEMETERY OR CREMATORY-NAME Lincoln	24c. LOCATION WORTH
24d. STREET AND NUMBER OR R.F.D. 63 E. 79th St.	24e. CITY OR TOWN Chicago	24f. STATE Illinois
24g. ZIP 60619	24h. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034-011950	24i. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) SEP 29 2004
25a. FUNERAL HOME Taylor Funeral Home	25b. FUNERAL DIRECTOR'S SIGNATURE John L. Wilhelm, MD	25c. LOCAL REGISTRAR'S SIGNATURE John L. Wilhelm, MD
26a. LOCAL REGISTRAR'S SIGNATURE	26b. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)	26c. ZIP

\* ATTENTION ESTATE: The Social Security # if being requested by this state agency in order to pursue its statutory responsibility. Disclosure is voluntary and there will be no penalty for refusal.

# UNOFFICIAL COPY

THIS CERTIFIES THE FOLLOWING IS A TRUE AND COMPLETE COPY OF DEATH ON FILE WITH THE HAMMOND HEALTH DEPARTMENT.

## INDIANA STATE DEPARTMENT OF HEALTH

Local No. 93

### CERTIFICATE OF DEATH

Feb 5 2003  
Date Issued  
Franklin J. Premuda  
Hammond Health Commissioner

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-19-3

TYPE/PRINT  
IN  
PERMANENT  
BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF  
DEATH

CERTIFIER

HEALTH  
OFFICER

1. DECEASED—NAME (First, Middle, Last) <b>CARL DEAN KING</b>		2. SEX <b>MALE</b>		3a. TIME OF DEATH <b>4:57 P M</b>		3b. DATE OF DEATH (Month, Day, Yr.) <b>February 1, 2003</b>	
4. *SOCIAL SECURITY NUMBER <b>337-40-4003</b>		5a. AGE—Last Birthday (Years) <b>55</b>		5b. UNDER 1 YEAR Months Days		5c. UNDER 1 DAY Hours Minutes	
6. DATE OF BIRTH (Mo, Day, Yr.) <b>MARCH 17, 1947</b>		7. BIRTHPLACE (City and State or Foreign Country) <b>CHICAGO, ILLINOIS</b>					
8a. WAS DECEDENT A U.S. VETERAN? <b>YES ARMY</b>		8b. YEAR LAST SERVED IN U.S. ARMED FORCES? <b>na</b>		9a. PLACE OF DEATH (Check only one. See instructions.) HOSPITAL: <input type="checkbox"/> Inpatient <input checked="" type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER: <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence			
9b. FACILITY NAME (If not institution, give street and number) <b>St. Margaret Mercy Healthcare Center</b>				9c. CITY, TOWN, OR LOCATION OF DEATH <b>Hammond</b>		9d. COUNTY OF DEATH <b>Lake</b>	
10. MARITAL STATUS (Specify) <b>MARRIED</b>		11. SURVIVING SPOUSE (If wife, give maiden name) <b>VERA ROBBINS</b>		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) <b>SUPERVISOR</b>		12b. KIND OF BUSINESS/INDUSTRY <b>UNITED PARCEL</b>	
13a. RESIDENCE—STATE <b>ILLINOIS</b>		13b. COUNTY <b>COOK</b>		13c. CITY, TOWN, OR LOCATION <b>DOLTON</b>		13d. STREET AND NUMBER <b>14544 SOUTH WOODLAWN</b>	
13e. ZIP CODE <b>60419</b>		13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		14. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		15. WAS DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc.)	
16. RACE—American Indian, Black, White, etc. (Specify) <b>BLACK</b>		17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) <input type="checkbox"/> College (1-4 or 5+) <input type="checkbox"/> <b>2</b>					
18. FATHER'S NAME (First, Middle, Last) <b>JOHNNIE L. KING</b>				19. MOTHER'S NAME (First, Middle, Maiden Surname) <b>ORBIN JONES</b>			
20a. INFORMANT'S NAME (Type/Print) <b>SHIRLEY GRAHAM</b>		20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) <b>7339 SOUTH ROCKWELL CHICAGO, ILLINOIS 60629</b>				20c. Relationship <b>SISTER</b>	
21a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) <b>February 8, 2003 Mt. Hope Chicago, Illinois</b>				21c. LOCATION—City or Town, State	
22a. EMBALMER'S NAME <b>GREGORY WENDELL ATKINS</b>		22b. EMBALMER'S LICENSE NO. <b>FD29300077</b>		23. WAS DEATH REPORTED TO CORONER? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes			
24a. SIGNATURE OF FUNERAL DIRECTOR <i>Gregory Wendell Atkins</i>		24b. LICENSE NUMBER (or License) <b>FD29300077</b>		25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME <b>COLEMAN, HICKS &amp; WILLIAMS F.H. MIDWEST MEMORIAL CHAPEL 1118 KARRICK ROAD CHICAGO, ILL. 60666 # 199-00066</b>			
26. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter nonspecific terms, 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. <b>Dissecting of ascending aorta with ruptured wall</b>					Unknown
Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last		b. _____					_____
		c. _____					_____
		d. _____					_____
PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I				27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) <b>No</b>		28a. WAS AN AUTOPSY PERFORMED? (Yes or no) <b>Yes</b>	28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) <b>Yes</b>
29a. CERTIFIER (Check only one) <input type="checkbox"/> CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated. <input type="checkbox"/> HEALTH OFFICER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) as stated. Chief Deputy <input checked="" type="checkbox"/> CORONER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner as stated.							
29b. SIGNATURE AND TITLE OF CERTIFIER <i>Jeffrey R. Wells</i>				29c. MEDICAL LICENSE NO. <b>N/A</b>		29d. DATE SIGNED (Month, Day, Year) <b>February 3, 2003</b>	
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) <b>Jeffrey R. Wells, Chief Deputy, 2900 West 93rd Avenue, Crown Point, Indiana 46307</b>							
31. HEALTH OFFICER'S SIGNATURE <i>Franklin J. Premuda M.D.</i>						32. DATE FILED (Month, Day, Year) <b>February 5, 2003</b>	
33. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide		34a. DATE OF INJURY (Month, Day, Year)		34b. TIME OF INJURY	34c. INJURY AT WORK? (Yes or no)	34d. DESCRIBE HOW INJURY OCCURRED	
		34e. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)			34f. LOCATION (Street and Number or Rural Route Number, City or Town, State)		
34g. DATE PRONOUNCED DEAD (Month, Day, Year) <b>February 1, 2003</b>				34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.			

# UNOFFICIAL COPY

This certified copy is given free of charge pursuant to law on the condition it will be used solely for Veterans benefits and or to determine eligibility for Veterans benefits.

*Franklin S. Sremuda M.D.*

Hammond Health Commissioner  
Hammond, Indiana

Property of Cook County Clerk's Office

# UNOFFICIAL COPY

STATE FILE NUMBER

STATE OF ILLINOIS

## MEDICAL CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. 16:33	REGISTERED NUMBER 59	DECEASED-NAME FIRST ORBIN	MIDDLE L	LAST KING	SEX 2 FEMALE	DATE OF DEATH (MONTH, DAY, YEAR) 3 JANUARY 16, 2002
1. COUNTY OF DEATH COOK		DATE OF BIRTH (MONTH, DAY, YEAR) 5d. 9-15-19		IF HOSP. OR INST. INDICATE D.O.A. (OPERMER, PMA, INPATIENT, ETC.) 6c. INPATIENT		
4. CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER EVERGREEN PARK		NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) 8b. NONE		EDUCATION (SPECIALTY OR HIGHEST GRADE COMPLETED) 9. NO		
6a. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) MC GEEHE, AK		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 8a. WIDOWED		EDUCATION (SPECIALTY OR HIGHEST GRADE COMPLETED) 9. NO		
SOCIAL SECURITY NUMBER 10. 432-38-5709		USUAL OCCUPATION 11a. HOMEMAKER		EDUCATION (SPECIALTY OR HIGHEST GRADE COMPLETED) 9. NO		
RESIDENCE (STREET AND NUMBER) 13a. 7339-S-ROCKWELL		CITY, TOWN, TWP. OR ROAD DISTRICT NO. 13b. CHICAGO		EDUCATION (SPECIALTY OR HIGHEST GRADE COMPLETED) 9. NO		
STATE ILLINOIS		RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) 14a. BLACK		EDUCATION (SPECIALTY OR HIGHEST GRADE COMPLETED) 9. NO		
FATHER-NAME FIRST MIDDLE LAST HENRY JONES		MOTHER-NAME FIRST MIDDLE LAST LUCY WILLIAMS		EDUCATION (SPECIALTY OR HIGHEST GRADE COMPLETED) 9. NO		
INFORMANT'S NAME (TYPE OR PRINT) DOROTHY MILLER/CLERK		RELATIONSHIP 17b. RECORDS		EDUCATION (SPECIALTY OR HIGHEST GRADE COMPLETED) 9. NO		
17a. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest.		18. PART I. Immediate Cause (Final disease or condition resulting in death) (a) Right heart failure (b) Systemic hypertension (c) Atrial fibrillation		EDUCATION (SPECIALTY OR HIGHEST GRADE COMPLETED) 9. NO		
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.		19. AUTOPSY (YES/NO) 19a. NO		EDUCATION (SPECIALTY OR HIGHEST GRADE COMPLETED) 9. NO		
DATE OF OPERATION, IF ANY		20b. MAJOR FINDINGS OF OPERATION		EDUCATION (SPECIALTY OR HIGHEST GRADE COMPLETED) 9. NO		
20a. (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON		20b. MAJOR FINDINGS OF OPERATION		EDUCATION (SPECIALTY OR HIGHEST GRADE COMPLETED) 9. NO		
21a. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.		21b. WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) 21b. YES		EDUCATION (SPECIALTY OR HIGHEST GRADE COMPLETED) 9. NO		
22a. SIGNATURE AND ADDRESS OF CERTIFIER (TYPE OR PRINT) Priscilla D. Plone, MD, 3844 W. 63rd St. Cm, G. 60679		22b. ILLINOIS LICENSE NUMBER 22b. 116602		EDUCATION (SPECIALTY OR HIGHEST GRADE COMPLETED) 9. NO		
22c. NAME OF ATTENDING PHYSICIAN, IF OTHER THAN CERTIFIER (TYPE OR PRINT)		22d. ILLINOIS LICENSE NUMBER 22d. 36-48082		EDUCATION (SPECIALTY OR HIGHEST GRADE COMPLETED) 9. NO		
23. BURIAL CREMATION, REMOVAL (SPECIFY) 24a. BURIAL		24b. MT HOPE		EDUCATION (SPECIALTY OR HIGHEST GRADE COMPLETED) 9. NO		
25a. MIDWEST MEMORIAL CHAPEL 5040 S. WESTERN AVE CHICAGO ILL 60609		25b. MILDRED POE		EDUCATION (SPECIALTY OR HIGHEST GRADE COMPLETED) 9. NO		
26a. ANNETTE THAYER		26b. JANUARY 18, 2002		EDUCATION (SPECIALTY OR HIGHEST GRADE COMPLETED) 9. NO		

I HEREBY CERTIFY THAT THE FOREGOING IS A TRUE AND CORRECT COPY OF THE DEATH RECORD OF THE PERSON IN ITEM #1 AND THAT THIS RECORD WAS ESTABLISHED AND FILED IN MY OFFICE IN ACCORDANCE WITH THE PROVISIONS OF THE ILLINOIS STATUTES RELATING TO THE REGISTRATION OF BIRTHS, STILLBIRTHS AND DEATHS.

DATE JANUARY 18, 2002  
AT EVERGREEN PARK, ILLINOIS  
REGISTRAR Annette Thayer  
DEPUTY REGISTRAR

# UNOFFICIAL COPY

STATE OF ILLINOIS  
County of Cook

DAVID ORR, County Clerk

JUN 06 2002

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

<b>DECEASED'S BIRTH NO.</b>	REGISTRATION DISTRICT NO. <u>16/10</u>	STATE OF ILLINOIS	STATE FILE NUMBER <b>618853</b>
	REGISTERED NUMBER	<b>MEDICAL CERTIFICATE OF DEATH</b>	
<b>DECEASED</b>			
1. DECEASED-NAME FIRST MIDDLE LAST <b>JOHNIE KING</b>		2. SEX <b>MALE</b>	3. DATE OF DEATH (MONTH, DAY YEAR) <b>OCTOBER 2, 1989</b>
4. COUNTY OF DEATH <b>COOK</b>		AGE- LAST BIRTHDAY (YRS) MOS DAYS HOURS MIN 5a. <b>64</b> 5b. 5c.	5d. DATE OF BIRTH (MONTH, DAY YEAR) <b>DECEMBER 24, 1924</b>
6a. CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER <b>CHICAGO</b>		6b. HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) <b>HOLY CROSS HOSPITAL</b>	
7. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) <b>ALABAMA</b>		8a. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <b>MARRIED</b>	8b. NAME OF SURVIVING SPOUSE (MAIDEN NAME IF WIFE) <b>ORBIN JONES</b>
10. SOCIAL SECURITY NUMBER <b>421-24-3552</b>		11a. USUAL OCCUPATION <b>LABORER</b>	11b. KIND OF BUSINESS OR INDUSTRY <b>GENERAL</b>
13a. RESIDENCE (STREET AND NUMBER) <b>6927 SOUTH PEORIA</b>		13b. CITY, TOWN, OR ROAD DISTRICT NO. <b>CHICAGO</b>	13c. INSIDE CITY (YES/NO) <b>YES</b>
13d. COUNTY <b>COOK</b>		13e. RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) <b>BLACK</b>	
14. FATHER-NAME FIRST MIDDLE LAST <b>WILLIE KING</b>		15. MOTHER-NAME FIRST MIDDLE LAST <b>ANNIE MOORE</b>	
17a. INFORMANT'S NAME (TYPE OR PRINT) <b>ORBIN KING</b>		17b. RELATIONSHIP <b>WIFE</b>	
17c. MAILING ADDRESS (STREET AND NO OR R.F.D., CITY OR TOWN, STATE, ZIP) <b>6927 SOUTH PEORIA</b>			
<b>CAUSE</b>			
18. 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) → <b>CARCINOMA OF STOMACH WITH METASTASIS</b>		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. (b) DUE TO, OR AS A CONSEQUENCE OF			
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I			
20a. DATE OF OPERATION, IF ANY		20b. MAJOR FINDINGS OF OPERATION	
21a. (DID) (DID NOT) ATTEND THE DECEASED (MONTH, DAY, YEAR) AND LAST SAW HIM/HER ALIVE ON <b>OCTOBER 1, 1989</b>		21b. WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) <b>NO</b>	
22a. SIGNATURE <i>Tamer J Rifai</i>		22b. HOUR OF DEATH <b>01:30 P.M.</b>	
22c. NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) <b>TAMER J RIFAI 3237 W 63RD STREET, CHGO, IL 60629</b>		22d. DATE SIGNED (MONTH, DAY YEAR) <b>OCTOBER 2, 1989</b>	
22e. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)		22f. ILLINOIS LICENSE NUMBER <b>36-056607</b>	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) 24a. <b>BURIAL</b>			
24b. CEMETERY OR CHEMATORY-NAME <b>MT HOPE</b>		24c. LOCATION CITY OR TOWN STATE <b>CHICAGO, ILLINOIS</b>	
24d. DATE (MONTH, DAY YEAR) <b>10/7/89</b>			
<b>DISPOSITION</b>			
25a. FUNERAL HOME NAME STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE ZIP <b>S. B. BAWLS MORTUARY 6018 SOUTH STATE STREET, CHICAGO ILLINOIS 60621</b>		25b. FUNERAL DIRECTOR'S SIGNATURE <i>[Signature]</i>	
25c. LOCAL REGISTRAR'S SIGNATURE <i>[Signature]</i>		25d. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER <b>7826</b>	
26a. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY YEAR) <b>OCT 5 1989</b>		26b. NOTE IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED	



STATE OF ILLINOIS  
County of Cook

# UNOFFICIAL COPY

AUGUST 24, 2005

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

REGISTRATION DISTRICT NO. <b>16.10</b>		STATE OF ILLINOIS		STATE FILE NUMBER <b>600989</b>	
REGISTERED NUMBER		<b>MEDICAL CERTIFICATE OF DEATH</b>			
DECEASED NAME FIRST MIDDLE LAST <b>EMMA LOU MOORE</b>		SEX <b>2. FEMALE</b>	DATE OF DEATH (MONTH, DAY, YEAR) <b>3. JANUARY 14, 1994</b>		
CITY, TOWN, TWP. OR ROAD DIST. DISTRICT NUMBER <b>4. COOK</b>		AGE - LAST BIRTHDAY (MRS) <b>5a. 88</b>	UNDER 1 YEAR <b>5b.</b>	UNDER 1 DAY <b>5c.</b>	DATE OF BIRTH (MONTH, DAY, YEAR) <b>5d. JUNE 3, 1905</b>
CITY, TOWN, TWP. OR ROAD DIST. DISTRICT NUMBER <b>6a. CHICAGO</b>		HOSPITAL OR OTHER INSTITUTION NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) <b>6b. BOULEVARD CARE</b>			IF HOSP. OR INST. INDICATE DOA/OP/EMER. TIM. INPATIENT (SPECIFY) <b>6c. INPATIENT</b>
BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) <b>7. NEWNAN, GA</b>		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <b>8a. MARRIED</b>	NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) <b>8b. JODIE MOORE</b>		WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO) <b>9. NO</b>
SOCIAL SECURITY NUMBER <b>10. 358 01-9617</b>		USUAL OCCUPATION <b>11a. HOMEMAKER</b>	KIND OF BUSINESS OR INDUSTRY <b>11b. HOME</b>	EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) Elementary, Secondary (10-12) <b>12. 8</b> College (11-4 or 5+)	
RESIDENCE (STREET AND NUMBER) <b>13a. 6927 S. PEDRIA</b>		CITY, TOWN, TWP. OR ROAD DISTRICT NO. <b>13b. CHICAGO</b>		INSIDE CITY (YES/NO) <b>13c. YES</b>	COUNTY <b>13d. COOK</b>
STATE <b>13e. ILLINOIS</b>		ZIP CODE <b>13f. 60621</b>	RACE (WHITE, P. AMERICAN INDIAN, etc.) (SPECIFY) <b>14a. BLACK</b>	OF HISPANIC ORIGIN? (SPECIFY NO OR YES. IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.) <b>14b. NO</b> YES SPECIFY	
FATHER - NAME FIRST MIDDLE LAST <b>15. WARNER WHEELER</b>		MOTHER - NAME FIRST MIDDLE (MAIDEN) LAST <b>16. EMMA UNAVAILABLE</b>			
INFORMANT'S NAME (TYPE OR PRINT) <b>17a. JODIE MOORE</b>		RELATIONSHIP <b>17b. HUSBAND</b>	MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) <b>17c. 6927 S. PEDRIA CHICAGO IL 60621</b>		
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.					
Immediate Cause (Final disease or condition resulting in death)		<b>(a) ACUTE MYOCARDIAL INFARCTION</b>			
DUE TO, OR AS A CONSEQUENCE OF		<b>(b) ARTERIOSCLEROTIC HEART DISEASE</b>			
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.		<b>(c)</b>			
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I					
DATE OF OPERATION, IF ANY <b>20a.</b>		MAJOR FINDINGS OF OPERATION <b>20b.</b>		IF MALE, WAS THERE A PREGNANCY IN PAST 12 MONTHS? <b>20c. YES [ ] NO [X]</b>	
(I) (DID) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON <b>21a. JANUARY 14</b>		WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) <b>21b. NO</b>		HOUR OF DEATH <b>21c. 5:45A. M.</b>	
TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED		SIGNATURE <b>22a. BERNARD L. SLUSINSKI, MD.</b>		DATE SIGNED (MONTH, DAY, YEAR) <b>22b. JANUARY 18, 1994</b>	
NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) <b>22c. BERNARD L. SLUSINSKI, MD. 6508 W ARCHER, CHGO IL</b>		NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)		ILLINOIS LICENSE NUMBER <b>22d. 36-060772</b>	
BURIAL, CREMATION REMOVAL (SPECIFY) <b>24a. BURIAL</b>		CEMETERY OR CREMATORY NAME <b>24b. LINCOLN</b>		LOCATION CITY OR TOWN STATE DATE (MONTH, DAY, YEAR) <b>24c. WORTH ILLINOIS 24d. JANUARY 18, 1994</b>	
FUNERAL HOME NAME <b>25a. Taylor Funeral Home Ltd. 63 E 79th St. Chicago Illinois 60619</b>		FUNERAL DIRECTOR'S SIGNATURE <b>25b. [Signature]</b>		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER <b>25c. C-34-011950</b>	
LOCAL REGISTRAR'S SIGNATURE <b>26a. [Signature]</b>		DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) <b>26b. JAN 18 1994</b>			

**UNOFFICIAL COPY**  
ATTORNEYS' TITLE GUARANTEE FUND, INC.

**LEGAL DESCRIPTION**

**Legal Description:**

LOT 36 IN BLOCK 7 IN MADLUNG AND EIDMANN'S SUBDIVISION OF PART OF THE NORTH 3/4 OF THE SOUTHEAST 1/4 OF THE SOUTHEAST 1/4 OF SECTION 20, TOWNSHIP 38 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

FAC# 1363355

**Permanent Index Number:**

Property ID: 20-20-422-012

**Property Address:**

6927 S. Peoria St.  
Chicago, IL 60621

Property of Cook County Clerk's Office