

STATE OF ILLINOIS

County of Cook

UNOFFICIAL COPY

DAVID ORR, County Clerk

David Orr
COUNTY CLERK

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.

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.

DECEDENT'S BIRTH NO.		REGISTRATION DISTRICT NO. 16.10		STATE OF ILLINOIS				STATE FILE NUMBER	
REGISTERED NUMBER		MEDICAL CERTIFICATE OF DEATH						606571	
Type or Print in PERMANENT INK See Funeral Directors, Hospital, or Physicians Handbook for INSTRUCTIONS		DECEASED-NAME FIRST MIDDLE LAST		SEX		DATE OF DEATH (MONTH, DAY, YEAR)			
1. DOROTHY JEAN MCFADDEN		2. FEMALE		3. MAY 3, 2004					
CITY OF DEATH		AGE-LAST BIRTHDAY (YRS)		UNDER 1 YEAR		UNDER 1 DAY		DATE OF BIRTH (MONTH, DAY, YEAR)	
4. COOK		5a. 37		5b. 37		5c. 37		5d. JUNE 2 1966	
CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER		HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)						IF HOSP. OR INST. INDICATE D.O.A. OPER. RM, INPATIENT (SPECIFY)	
6a. CHICAGO		6b. 12322 SOUTH PARSELL AVENUE						6c. HOME (SCENE)	
BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE)				WAS DECEASED EVER IN ARMED FORCES? (YES/NO)	
7. CHICAGO, ILL		8a. NEVER MARRIED		8b.				8c. NO	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION		KIND OF BUSINESS OR INDUSTRY		EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED)			
328-56-7360		11a. CLERK		11b. PHARMACY		12. College (1-4 or 5+)			
RESIDENCE (STREET AND NUMBER)		CITY, TOWN, TWP. OR ROAD DISTRICT NO.				INSIDE CITY (YES/NO)		COUNTY	
13a. 12322 SOUTH PARSELL		13c. CHICAGO				13d. YES		13d. COOK	
STATE		ZIP CODE		FACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY)		OF HISPANIC ORIGIN? (SPECIFY NO OR YES-IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.)			
13a. ILLINOIS		13b. 60628		14a. BLACK		14b. <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES SPECIFY:			
FATHER-NAME FIRST MIDDLE LAST		MOTHER-NAME FIRST MIDDLE (MAIDEN) LAST		INFORMANT'S NAME (TYPE OR PRINT)					
15. WILLIE MCFADDEN		16. CHARMAINE BELANGER		17a. MAYBLEINE GIGGERS					
RELATIONSHIP		MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP)							
17b. HOSPITAL RECORDS		17c. 5841 SOUTH MARYLAND CHICAGO, ILLINOIS 60637							
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)		(a) METASTATIC BREAST CANCER				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
				DUE TO, OR AS A CONSEQUENCE OF				8 MONTHS	
				(b) DUE TO, OR AS A CONSEQUENCE OF					
				(c) DUE TO, OR AS A CONSEQUENCE OF					
PART II. Other contributing 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)		IF FEMALE, WAS SHE IN A PREGNANCY IN PAST THREE MONTHS?	
		30a.		30b.		19a. NO		19b. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21. DID YOU NOT ATTEND THE DECEASED AND LAST SAW HIM/her ALIVE ON (MONTH, DAY, YEAR)		21a. APRIL 12, 2004		WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO)		21b. NO			
22. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.		22a. SIGNATURE		22b. NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)		22c. DATE SIGNED (MONTH, DAY, YEAR)		22d. ILLINOIS LICENSE NUMBER	
		<i>GINI FLEMING</i>		5841 SOUTH MARYLAND CHICAGO, ILLINOIS 60637		MAY 5, 2004		036-075100	
23. BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY OR CREMATORY-NAME		LOCATION CITY OR TOWN STATE		DATE (MONTH, DAY, YEAR)			
24a. BURIAL		24b. Mt Hope		24c. WORTH ILLINOIS		24d. MAY 15 2006			
25a. FUNERAL HOME NAME STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE ZIP		FUNERAL DIRECTOR'S SIGNATURE		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER		DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)			
25a. TAYLOR FUNERAL HOME LTD 63E 79th St Chicago Illinois 60619		<i>Willie</i>		034-010650		25b. MAY 06 2004			
25b. LOCAL REGISTRAR'S SIGNATURE		25c. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)		25d.					
25b. <i>John L. Wilhelms, M.D.</i>		25c. MAY 06 2004		25d.					

A
B
C
D
E
PARENTS
1
2
3
CAUSE
4
5
N
P
CERTIFIER
DISPOSITION

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ATTORNEYS' TITLE GUARANTY FUND, INC.

LEGAL DESCRIPTION

Legal Description:

LOTS 42 AND 43 IN BLOCK 4 IN HARVEY B. HURD'S ADDITION, SAID ADDITION BEING A SUBDIVISION OF BLOCKS 4 AND 5 IN ANDREW'S SUBDIVISION OF THE EAST 1/2 OF THE SOUTHWEST 1/4 AND OF THE SOUTHEAST FRACTIONAL 1/4 NORTH OF THE INDIAN BOUNDARY LINE OF SECTION 28, TOWNSHIP 37 NORTH, RANGE 14, EAST OF THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

FAC# 1390739

Permanent Index Number:

Property ID: 25-28-304-029,028

Property Address:

12322 Parnell Avenue
Chicago, IL 60628

Property of Cook County Clerk's Office