

UNOFFICIAL COPY

Legal Description

of premises commonly known as 1405 E. Senator Lane, Ford Heights, Illinois 60411

Lot 2 BLK 7 in Golden Meadows Unit 2 being a Resubdivision of Part of the West Half of the Northeast Quarter of Section 23, Township 35 North, Range 14 East of the Third Principal Meridian in Cook County, Illinois.

Property of Cook County Clerk's Office

| REGISTRATION DISTRICT NO. 16.32 | | STATE OF ILLINOIS | | | | STATE FILE NUMBER |
|--|--|---|--|---|---|--|
| REGISTERED NUMBER 848 | | MEDICAL CERTIFICATE OF DEATH | | | | |
| DECEASED—NAME | | FIRST | MIDDLE | LAST | SEX | DATE OF DEATH (MONTH, DAY, YEAR) |
| 1. Georgia L. Johnson | | | | | 2. Female | 3. October 6, 2006 |
| COUNTY OF DEATH | | AGE—LAST BIRTHDAY (YRS) | UNDER 1 YEAR | UNDER 1 DAY | DATE OF BIRTH (MONTH, DAY, YEAR) | |
| 4. Cook | | 5a. 80 | 5b. 5 | 5c. 1 | 5d. August 7, 1926 | |
| 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. OPIEMER. RM, INPATIENT (SPECIFY) | |
| 6a. Chicago Heights | | 6b. St. James Hospital | | | 6c. Inpatient | |
| 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 U.S. ARMED FORCES? (YES/NO) |
| 7. Chicago | | 8a. Widowed | | 8b. None | | 9. NO |
| SOCIAL SECURITY NUMBER | | USUAL OCCUPATION | | KIND OF BUSINESS OR INDUSTRY | | EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) |
| 10. 349-16-0895 | | 11a. Home Maker | | 11b. Home | | 12. 11 |
| RESIDENCE (STREET AND NUMBER) | | CITY, TOWN, TWP. OR ROAD DISTRICT NO. | | INSIDE CITY (YES/NO) | | COUNTY |
| 13a. 1405 Senator LN | | 13b. Ford Heights | | 13c. Yes | | 13d. Cook |
| STATE | | ZIP CODE | RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) | | OF HISPANIC ORIGIN? (SPECIFY NO OR YES—IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.) | |
| 13e. Illinois | | 13f. 60411 | 14a. Black | | 14b. <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES SPECIFY: | |
| FATHER—NAME | | FIRST | MIDDLE | LAST | MOTHER—NAME FIRST MIDDLE (MAIDEN) LAST | |
| 15. William J. Nix III | | | | | 16. Annie Young | |
| INFORMANT'S NAME (TYPE OR PRINT) | | RELATIONSHIP | | MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) | | |
| 17a. Denise A. Williams | | 17b. Daughter | | 17c. 1405 Senator Ford Heights, IL 60411 | | |
| 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. | | | | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| Immediate Cause (Final disease or condition resulting in death) | | (a) SEPSIS | | | | |
| CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. | | (b) DUE TO, OR AS A CONSEQUENCE OF | | | | |
| | | (c) 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. | | AUTOPSY (YES/NO) | | WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO) | | |
| | | 19a. NO | | 19b. NO | | |
| DATE OF OPERATION, IF ANY | | MAJOR FINDINGS OF OPERATION | | | IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? | |
| 20a. | | 20b. | | | 20c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 1 (DID) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON | | (MONTH, DAY, YEAR) | | WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) | | HOUR OF DEATH |
| 21a. Oct. 6, 2006 | | | | 21b. NO | | 21c. 8:00 PM. |
| TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED. | | SIGNATURE | | DATE SIGNED (MONTH, DAY, YEAR) | | |
| 22a. Robert Kemp | | 22b. 10/7/06 | | ILLINOIS LICENSE NUMBER | | |
| NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) | | 22c. Dr. R. Kemp | | NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED. | | |
| NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) | | 23. Dr. R. Kemp 3700 W. 203rd Olympia Fields, IL 60461 | | | | |
| BURIAL, CREMATION, REMOVAL (SPECIFY) | | CEMETERY OR CREMATORY—NAME | | LOCATION | | DATE (MONTH, DAY, YEAR) |
| 24a. Burial | | 24b. Lincoln Cemetery | | 24c. Chicago, IL | | 24d. 10/14/06 |
| FUNERAL HOME | | NAME | | STREET AND NUMBER OR R.F.D. | | CITY OR TOWN STATE ZIP |
| 25a. Woods Funeral Home, LTD. 1003 S. Halsted Street Chicago Heights, IL | | | | | | 60411 |
| FUNERAL DIRECTOR'S SIGNATURE | | FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER | | | | |
| 25b. Melvin T. Woods | | 25c. 034-015057 | | | | |
| LOCAL REGISTRAR'S SIGNATURE | | DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) | | | | |
| 26a. Ethel M. Taylor | | 26b. October 10, 2006 | | | | |

VR200 (Rev. 5/89)

Illinois Department of Public Health—Division of Vital Records

(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 ABOVE NAMED IN ITEM NO. 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: **OCT 10 2006**SIGNED: **Ethel M. Taylor**AT: **CHICAGO HEIGHTS, IL 60411**TITLE: **LOCAL REGISTRAR**

Birthplate