

STATE OF ILLINOIS
County of Cook

UNOFFICIAL COPY

DAVID ORR, County Clerk

APR 23 2007

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

CEDENT'S BIRTH NO.		REGISTRATION DISTRICT NO. 16.0		STATE OF ILLINOIS		STATE FILE NUMBER	
REGISTERED NUMBER		MEDICAL CERTIFICATE OF DEATH					
1. DECEASED—NAME FIRST MIDDLE LAST LORRAINE K. PETERSELLI		SEX 2. FEMALE		DATE OF DEATH (MONTH, DAY, YEAR) 3. APRIL 6, 2007			
4. COUNTY OF DEATH COOK		AGE—LAST BIRTHDAY (YRS) 5a. 85		UNDER 1 YEAR 5b. 5c.		UNDER 1 DAY 5d. MAY 26, 1921	
6a. DES PLAINES		6b. HOLY FAMILY NURSING CENTER				6c. INPATIENT	
7. CHICAGO, ILLINOIS		8a. WIDOWED		8b. NONE		9. NO	
10. 359 07 8840		11a. HOMEMAKER		11b. OWN HOME		12. UNAVAILABLE	
13a. 3450 N. PACIFIC		13b. CHICAGO		13c. YES		13d. COOK	
13e. ILLINOIS		13f. 60634		14a. WHITE		14b. <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES SPECIFY:	
15. LEONARD WASHBURN		16. KATHERINE VAN BUSKIRK		17. P.O. BOX 2246, EAGLE RIVER, WI 54521			
17a. KAREN DICKINSON		17b. DAUGHTER		17c. P.O. BOX 2246, EAGLE RIVER, WI 54521			
18. PART I. Immediate Cause (Final disease or condition resulting in death)		(a) Stroke				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					
		(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.		19a. NO		19b. NO		20c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. DATE OF OPERATION, IF ANY		20b. MAJOR FINDINGS OF OPERATION		21a. 3/3/07		21c. 5:25 A. M.	
21a. (DID) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON (MONTH, DAY, YEAR)		21b. NO		21c. NO		21d. NO	
22a. SIGNATURE <i>C. Pasquale</i>		22b. 4-9-07		22c. DR. C. PASQUALE 7435 W. TALCOTT, CHICAGO, IL 60631		22d. 036-27312	
23. BURIAL CREMATION, REMOVAL (SPECIFY)		24a. CREMATION		24b. OAK RIDGE CREMATORY		24c. HILLSIDE, IL	
24a. CEMETERY OR CREMATORY—NAME		24b. LOCATION		24c. CITY OR TOWN STATE		24d. APRIL 10, 2007	
25a. CUMBERLAND CHAPELS		25b. 8300 W. LAWRENCE AVE., NORRIDGE		25c. ILLINOIS 60706		25d. 031-008880	
25a. FUNERAL HOME NAME		25b. STREET AND NUMBER OR R.F.D.		25c. CITY OR TOWN STATE ZIP		25d. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER	
26a. LOCAL REGISTRAR'S SIGNATURE <i>David Orr</i>		26b. APR 10 2007		26c. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)			