

STATE OF ILLINOIS
County of Cook

UNOFFICIAL COPY

DAVID ORR, County Clerk

JUL 20 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

DECEDENT'S BIRTH NO.		REGISTRATION DISTRICT NO. 16.0		STATE OF ILLINOIS				STATE FILE NUMBER			
REGISTERED NUMBER		MEDICAL CERTIFICATE OF DEATH									
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. Thaddeus Marlin Rolark Jr.			2. Male		3. July 16, 2007					
	COUNTY OF DEATH		AGE - LAST BIRTHDAY (YRS)		UNDER 1 YEAR		UNDER 1 DAY		DATE OF BIRTH (MONTH, DAY, YEAR)		
	4. Cook		5a. 54		5b.		5c.		5d. June 28, 1953		
	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., OP/EMER. RM, INPATIENT (SPECIFY)				
	6a. Burban		6b. Exceptional Care LLC				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, IL		8. Married		8b. Antoinette Jackson				9. no		
	SOCIAL SECURITY NUMBER		USUAL OCCUPATION		KIND OF BUSINESS OR INDUSTRY		EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED)				
	10. 342-46-5166		11a. Bus Operator		11b. transportation		12. 12		College (1-4 or 5+) 2		
RESIDENCE (STREET AND NUMBER)		CITY, TOWN, TWP, OR ROAD DISTRICT NO.		INSIDE CITY (YES/NO)		COUNTY					
13a. 7307 S Emerald 1st E		13b. Chicago		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. IL		13f. 60621		14a. Black		14b. <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES SPECIFY:					
PARENTS				FATHER - NAME FIRST MIDDLE LAST		MOTHER - NAME FIRST MIDDLE (MAIDEN) LAST					
15. Thaddeus Rolark, Sr.				16. Nora Lee							
INFORMANT'S NAME (TYPE OR PRINT)		RELATIONSHIP		MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP)							
17a. Antoinette Rolark		17b. Wife		17c. 7307 S. Emerald St Chicago, IL							
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) RENAL failure						APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
		DUE TO, OR AS A CONSEQUENCE OF									
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.											
DATE OF OPERATION, IF ANY		MAJOR FINDINGS OF OPERATION		AUTOPSY (YES/NO)		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO)					
20a.		20b.		19a. no		19b.					
(I 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. 7/15/07				21b. no		21c. 6:14 A M.					
TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.		22a. SIGNATURE		DATE SIGNED (MONTH, DAY, YEAR)							
22a. <i>[Signature]</i>		22b. 7/17/07									
NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)		ILLINOIS LICENSE NUMBER									
22c. Bramma N Gupta 326 W 64th St Chicago IL 60621		22d. 036 05760									
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)		NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.									
23.											
BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY OR CREMATORY - NAME		LOCATION CITY OR TOWN STATE		DATE (MONTH, DAY, YEAR)					
24a. BURIAL		24b. Washington Cemetery		24c. Homewood, IL		24d. 7-20-07					
FUNERAL HOME NAME		STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE		ZIP							
25a. Gatling's Chapel Inc 10133 S Halsted St Chicago IL 60628											
FUNERAL DIRECTOR'S SIGNATURE		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER									
25b. <i>[Signature]</i>		25c. 034-0150605									
LOCAL REGISTRAR'S SIGNATURE		DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)									
26a. <i>[Signature]</i>		26b. JUL 20 2007									