

UNOFFICIAL COPY

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Lot 7 except that part thereof lying west of a line drawn from a point on the north line of said lot 7 distance 2.47 ft east of the northwest corner thereof to a point on the south line of said lot 7 distance 5.5 ft east as measured at right angles thereof of the west line of said lot 7 in the subdivision of that part of lot 3 lying east of a line 27.5 ft. east and parallel with the west line of section 15 in Schapp's subdivision of a part of section 9, 10, 15 and lot 1 in school trustees subdivision of section 16 all in township 36 north range 14 east of the third principal meridian in Cook County IL.

SEA 4 East 157 Street South Holland IL 60473

FIN# 2915101005

STATE OF ILLINOIS
County of Cook)

UNOFFICIAL COPY

AUG 23 2007

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.

David Orr

COUNTY CLERK

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|---|---|---|---|---|---|---|---|
| DECEDENT'S BIRTH NO. | | REGISTRATION DISTRICT NO. 160 | 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 PARENTS CAUSE CERTIFIER DISPOSITION | 1. DECEASED NAME FIRST MIDDLE LAST ROBERT ECHOLS | | 2. SEX MALE | | 3. DATE OF DEATH (MONTH, DAY, YEAR) AUGUST 20, 2007 | | |
| | 4. COUNTY OF DEATH Cook | | 5a. AGE—LAST BIRTHDAY (YRS) 56 | 5b. UNDER 1 YEAR MOS. DAYS | 5c. UNDER 1 DAY HOURS MIN. | 5d. DATE OF BIRTH (MONTH, DAY, YEAR) August 28, 1950 | |
| | 6a. CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER South Holland | | 6b. HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) South Suburban Hospital | | | 6c. IF HOSP. OR INST. INDICATE D.O.A., OPERM. RM, INPATIENT (SPECIFY) Inpatient | |
| | 7. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) Memphis, TN | | 8a. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Married | | 8b. NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) Kathy | | 9. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO) YES |
| | 10. SOCIAL SECURITY NUMBER 357-42-9701 | | 11a. USUAL OCCUPATION Relief Person | | 11b. KIND OF BUSINESS OR INDUSTRY General | | 12. EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) Elementary/Secondary (0-12) College (1-4 or 5+) 12 |
| | 13a. RESIDENCE (STREET AND NUMBER) 4 East 157th st. | | 13b. CITY, TOWN, TWP. OR ROAD DISTRICT NO. South Holland | | 13c. INSIDE CITY (YES/NO) Yes | | 13d. COUNTY Cook |
| | 13e. STATE Illinois | | 13f. ZIP CODE 60413 | | 14a. RACE (WHITE, BLACK, AMERICAN INDIAN, SPECIFY) BLACK | | 14b. OF HISPANIC ORIGIN? (SPECIFY NO OR YES—IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.) <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES SPECIFY: |
| | 15. FATHER—NAME FIRST MIDDLE LAST Herbert Echols | | 16. MOTHER—NAME FIRST MIDDLE (MAIDEN) LAST Annie Mac Cobbins | | 17. INFORMANT'S NAME (TYPE OR PRINT) RELATIONSHIP MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) Kathy Echols Wife 4 East 157th st. South Holland, IL 60413 | | |
| | 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) CARDIORESPIRATORY FAILURE | | (a) DUE TO, OR AS A CONSEQUENCE OF | | | | |
| CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. PANCREATIC CARCINOMA | | (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. | | (c) DUE TO, OR AS A CONSEQUENCE OF | | | | | |
| 20a. DATE OF OPERATION, IF ANY | | 20b. MAJOR FINDINGS OF OPERATION | | 20c. AUTOPSY (YES/NO) YES | | 20d. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO) NO | |
| 21a. AND (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON | | 21b. WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) NO | | 21c. HOUR OF DEATH 7:14 A M. | | | |
| 22a. SIGNATURE <i>Richard P. Garza</i> NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) RICHARD P. GARZA, MD | | 22b. DATE SIGNED (MONTH, DAY, YEAR) AUGUST 23, 2007 | | 22c. ILLINOIS LICENSE NUMBER 36111054 | | | |
| 22c. DEPARTMENT OF VETERANS AFFAIRS HOSPITAL HINES IL 60141 | | 22d. 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. | | | |
| 24a. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | | 24b. CEMETERY OR CREMATORY—NAME Oakland Memorial | | 24c. LOCATION CITY OR TOWN STATE Dolton, IL | | 24d. DATE (MONTH, DAY, YEAR) 8-23-07 | |
| 25a. FUNERAL HOME NAME STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE ZIP At Baynes 9500 318 S 71st Chicago IL | | 25b. FUNERAL DIRECTOR'S SIGNATURE <i>[Signature]</i> | | 25c. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 037014671 | | | |
| 26a. LOCAL REGISTRAR'S SIGNATURE <i>David Orr</i> | | 26b. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) AUG 23 2007 | | | | | |