

UNOFFICIAL COPY

Subscribed and Sworn to before me this 4 day of December 2007

91182
Luke Hunter
439 East 31st Street
Chicago, Illinois 60616
312-567-9981



Luke Hunter
Notary Public

Property of Cook County Clerk's Office

UNOFFICIAL COPY

KANKAKEE COUNTY, ILLINOIS

STATE OF ILLINOIS
MEDICAL CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. 461
REGISTERED NUMBER 101
STATE FILE NUMBER 77528

DECEASED - NAME: Stanley Hunter
SEX: Male
DATE OF DEATH: February 7, 1978

RACE: American Negro
AGE: 54
DATE OF BIRTH: June 28, 1923
COUNTY OF DEATH: Kankakee

DECEASED: 7b. Kankakee
7c. Riverside Medical Center
7d. Inpatient

STATE OF BIRTH: Illinois
CITIZEN OF WHAT COUNTRY: U.S.A.
MARRIED, NEVER MARRIED, WIDOWED, DIVORCED: Married
NAME OF SURVIVING SPOUSE: June Williams

SOCIAL SECURITY NUMBER: 127-14-6938
USUAL OCCUPATION: Self employed
KIND OF BUSINESS OR INDUSTRY: Hardware
U.S. WAR VETERAN: Yes
WAR OR DATES OF SERVICE: World War II

RESIDENCE: 281 East 76th Place, Chicago
CITY: Chicago
COUNTY: Cook
STATE: Illinois

PARENTS: FATHER - Willie Hunter, MOTHER - Emma Harper

INFORMANT'S SIGNATURE: June Hunter
RELATIONSHIP: Wife
MAILING ADDRESS: 2831 East 76th Place, Chicago, Ill. 60604

18. DEATH WAS CAUSED BY:
PART I. IMMEDIATE CAUSE: (a) HEART CARDIORESPIRATORY FAILURE, (b) PULMONARY EMBOLUS
APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 3 HRS

PART II. OTHER SIGNIFICANT CONDITIONS: HEAVY LUMBAR DISC
AUTOPSY: No

DATE OF OPERATION: 2/6/78
MAJOR FINDINGS OF OPERATION: HEAVY LUMBAR DISC

ATTENDED FROM: 1/24/78 TO 2/7/78
AND LAST SAW HIM/HER ALIVE ON: 2/7/78
HOUR OF DEATH: 8:25 A. M.

22a. SIGNATURE: Harold R. Keegan, M.D.
22b. DATE SIGNED: 2/9/78
22c. NAME AND ADDRESS OF CERTIFIER: Harold R. Keegan, M.D.; 401 N. Wall St, Kankakee, Ill. 60901
22d. ILLINOIS LICENSE NUMBER: 3635364

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
CEMETERY OR CREMATORY - NAME: Burr Oak Cemetery
LOCATION: Worth, Illinois
DATE: Feb. 13, 1978

25a. FUNDING: Progressive Funeral Parlor, 7208 South Stony Island Avenue, Chicago, Ill. 60649
25b. FUNDING DIRECTOR'S SIGNATURE: James Williams
25c. FUNDING DIRECTOR'S ILLINOIS LICENSE NUMBER: 5368

26a. LOCAL REGISTRAR'S SIGNATURE: Gene Bergquist By Marguerite Masse
26b. DATE RECD. BY LOCAL REGISTRAR: February 10, 1978

PRINTED BY THE AUTHORITY OF THE STATE OF ILLINOIS

SEAL

CERTIFIED COPY OF VITAL RECORDS

STATE OF ILLINOIS)
COUNTY OF KANKAKEE) SS

DATE ISSUED 8-10-00

I, Bruce Clark, Kankakee County Clerk, do hereby certify that this document is a true and correct copy of the original record which is on file in the office of the County Clerk, Kankakee County, Kankakee, Illinois.

Bruce Clark

BRUCE CLARK
COUNTY CLERK

Not valid without the embossed seal of Kankakee County

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

MEDICAL CERTIFICATE OF DEATH

617785

STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO

DEC 2 1 2004

JOHN L. WILHELM M.D., LOCAL
REGISTRAR OF VITAL STATISTICS OF
THE CITY OF CHICAGO, DO HEREBY
CERTIFY THAT I AM THE KEEPER OF
THE RECORDS OF BIRTHS, STILLBIRTHS
AND DEATHS FOR THE CITY OF CHICAGO
BY VIRTUE OF THE LAWS OF THE STATE
OF ILLINOIS AND THE ORDINANCES OF
THE CITY OF CHICAGO; THAT THE
ACCOMPANYING CERTIFICATE ON THIS
SHEET IS A TRUE COPY OF A RECORD
KEPT BY ME IN ORDINANCE OF SAID
LAW AND ORDINANCES.

REGISTRATION DISTRICT NO. 16.10
REGISTERED NUMBER

DECEASED NAME: June Hunter
FIRST: June MIDDLE: Hunter LAST: Fertale
SEX: Female
DATE OF BIRTH: June 22, 1923
DATE OF DEATH: December 05, 2004

CITY: COOK
COUNTY: Cook
BIRTHPLACE: Chicago
MARRIED/NEVER MARRIED/WIDOWED/DIVORCED (SPECIFY): Widowed
SOCIAL SECURITY NUMBER: 33-212-3691
RESIDENCE: 2831 E. 76th Pl.
CITY: CHICAGO

FATHER: Jeff Williams
MOTHER: Mary Griffith
RELATIONSHIP: Records
MAILING ADDRESS: 7838 S. Cottage Grove Chicago, IL 60619

CAUSE OF DEATH: Stroke Myocardial Infarction
IMMEDIATE CAUSE: Stroke Myocardial Infarction
CONDITIONS: IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (A) DUE TO, OR AS A CONSEQUENCE OF (B) DUE TO, OR AS A CONSEQUENCE OF (C) CAUSE LAST

DATE OF OPERATION: 11-24-2004
WAS CORONER OR MEDICAL EXAMINER NOTIFIED? YES

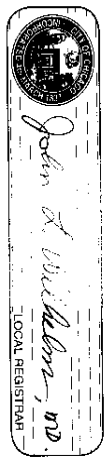
DATE SIGNED: 11/29/2004
HOUR OF DEATH: 11:59 P.M.

DATE OF DEATH: 12/5/2004
ILLINOIS LICENSE NUMBER: 236-044069

DATE OF BIRTH: June 22, 1923
DATE OF DEATH: December 05, 2004

LOCAL REGISTRAR'S SIGNATURE: John L. Wilhelm, M.D.
FURNERIAL HOME: 838 S Cottage Grove Chicago, Illinois 60619

LOCAL REGISTRAR'S SIGNATURE: John L. Wilhelm, M.D.
FURNERIAL DIRECTOR'S SIGNATURE: [Signature]



DEPARTMENT OF PUBLIC HEALTH
CITY OF CHICAGO

THIS CERTIFICATE COPY VALID WHEN
MULTICOLOR SIGNATURE SEAL IS
AFFIXED.

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