



# UNOFFICIAL COPY

Property commonly known as: 5147 S. Wabash Ave, Chicago, IL 60615

Permanent Index Number: 20-10-301-062

Legal Description:

LOT 3 IN BLOCK 1 IN CARSWELL'S SUBDIVISION OF 5 ACRES IN THE  
NORTHWEST ¼ OF THE SOUTHWEST ¼ OF SECTION 10, TOWNSHIP  
38 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN,  
IN COOK COUNTY, ILLINOIS.

Property of Cook County Clerk's Office

# Certified Copy of a Death Record

<b>DECEDENT'S BIRTH NO.</b>	REGISTRATION DISTRICT NO. <b>16.92</b>	STATE OF ILLINOIS			STATE FILE NUMBER	
	REGISTERED NUMBER <b>128</b>	<b>MEDICAL CERTIFICATE OF DEATH</b>				
<b>Type or Print in PERMANENT INK See Funeral Directors, Hospital, or Physicians Handbook for INSTRUCTIONS</b>  <b>A</b> ..... <b>DECEASED</b> ..... <b>B</b> ..... <b>C</b> ..... <b>D</b> ..... <b>E</b> .....  <b>PARENTS</b> .....  <b>1</b> ..... <b>2</b> ..... <b>3</b> .....  <b>CAUSE</b> .....  <b>4</b> ..... <b>5</b> ..... <b>N</b> ..... <b>P</b> .....  <b>CERTIFIER</b> .....  <b>DISPOSITION</b> .....	DECEASED—NAME FIRST MIDDLE LAST		SEX	DATE OF DEATH (MONTH, DAY, YEAR)		
	1. <b>Cornelius L. Burney</b>		2. <b>Male</b>	3. <b>January 29, 2002</b>		
	COUNTY OF DEATH		AGE—LAST BIRTHDAY (YRS)	UNDER 1 YEAR MOS	UNDER 1 DAY HOURS MIN	DATE OF BIRTH (MONTH, DAY, YEAR)
	4. <b>COOK</b>		5a. <b>64</b>	5b.	5c.	5d. <b>May 8, 1937</b>
	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. INFANTRY (SPECIFY)	
	6a. <b>PROVISO TOWNSHIP</b>		6b. <b>VETERANS ADM. HINES II 60141</b>		6c. <b>Inpatient</b>	
	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. <b>BILOXI, MS.</b>		8a. <b>Married</b>	8b. <b>Maxine</b>		9. <b>YES</b>
	SOCIAL SECURITY NUMBER		USUAL OCCUPATION	KIND OF BUSINESS OR INDUSTRY	EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED)	
	10. <b>425-54-3471</b>		11a. <b>CARPENTER</b>	11b. <b>OWN BUSINESS</b>	12. <b>4</b>	
RESIDENCE (STREET AND NUMBER)		CITY, TOWN, TWP, OR ROAD DISTRICT NO.		INSIDE CITY (YES/NO)	COUNTY	
13a. <b>8751 S. Marshfield Ave</b>		13b. <b>Chicago</b>		13c. <b>YES</b>	13d. <b>COOK</b>	
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. <b>Illinois</b>		13f. <b>60620</b>	14a. <b>Black</b>	14b. <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES SPECIFY:		
FATHER—NAME FIRST MIDDLE LAST		MOTHER—NAME FIRST MIDDLE LAST (MAIDEN) LAST				
15. <b>FRED BURNAY</b>		16. <b>GLAYDS HUNTER</b>				
INFORMANT'S NAME (TYPE OR PRINT)		HOSPITAL	MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP)			
17a. <b>Irene Stovall, ACC</b>		17b. <b>Records</b>	17c. <b>VETERANS ADM. HINES II 60141</b>			
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) <b>Prostate Carcinoma with Metastases.</b>						
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. (b) <b>Cholangiocarcinoma.</b>						
(c)						
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. <b>NO</b>	19b.	
IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS?				20c. YES <input type="checkbox"/> NO <input type="checkbox"/>		
21a. (DID) (CHECK) ATTEND THE DECEASED (MONTH, DAY, YEAR) AND LAST SAW HIM/HER ALIVE ON <b>January 29, 2002</b>		WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO)		HOUR OF DEATH		
21a. <b>NO</b>		21b. <b>NO</b>		21c. <b>12:45A. M.</b>		
TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.				DATE SIGNED (MONTH, DAY, YEAR)		
22a. SIGNATURE → <b>M. Ravipati, M.D.</b>		22b. <b>January 29, 2002</b>				
NAME AND ADDRESS OF CERTIFIER		ILLINOIS LICENSE NUMBER				
22c. <b>VETERANS ADM. HINES, IL 60141</b>		22d. <b>036-104010</b>				
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. <b>CREMATION</b>	24b. <b>ANATOMICAL GIFT ASSC</b>	24c. <b>CHICAGO</b>	<b>ILLINOIS</b>		24d. <b>JAN 30, 2002</b>	
FUNERAL HOME	NAME	STREET AND NUMBER OR R.F.D.	CITY OR TOWN	STATE	ZIP	
25a. <b>CHARLES JACKSON FUNERAL HOME 7350 S COTTAGE GROVE AV CHICAGO ILLINOIS 60619</b>						
FUNERAL DIRECTOR'S SIGNATURE		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER				
25b. <b>Michael A. McDermott</b>		25c. <b>34-011492</b>				
LOCAL REGISTRAR'S SIGNATURE		DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)				
26a. <b>Michael A. McDermott</b>		26b. <b>January 31, 2002</b>				

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 decedent named at Item 1, and that this record was established and filed in my office in accordance with the provisions of the Illinois Vital Records Act.

DATE **JAN 31 2002** SIGNED **Michael A. McDermott**

AT **BROADVIEW, ILLINOIS**, Illinois OFFICIAL TITLE LOCAL REGISTRAR OF VITAL STATISTICS

The original record of this death is permanently filed with the ILLINOIS DEPARTMENT OF PUBLIC HEALTH at Springfield. County clerks and local registrars are authorized to make certifications from copies of the original record. The Illinois statutes provide that the certification of a death record by the Department of Public Health, local registrar or county clerk shall be prima facie evidence of the facts therein stated.