

UNOFFICIAL COPY

ARKANSAS DEPARTMENT OF HEALTH
Division of Vital Records
CERTIFICATE OF DEATH

TYPE PRINT
IN
PERMANENT
BLACK INK
FOR
INSTRUCTIONS
SEE HANDBOOK

NAME OF DECEDENT
For use by physician or institution
SEE INSTRUCTIONS
ON OTHER SIDE

PARENTS

INFORMANT

DISPOSITION

SEE INSTRUCTIONS
ON OTHER SIDE

CAUSE OF DEATH

CERTIFIER

REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last) **Mozell Williams** 2. SEX **female** 3. DATE OF DEATH (Month, Day, Year) **March 8, 2000**

4. SOCIAL SECURITY NUMBER **259 40 2279** 5a. AGE - Last Birthday (Years) **70** 5b. UNDER 1 YEAR (Months, Days) 5c. UNDER 1 DAY (Hours, Minutes) 6. DATE OF BIRTH (Month, Day, Year) **August 7 1929** 7. BIRTHPLACE (City and State or (unknown)) **Alabama**

8. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes or No) **No** 9a. PLACE OF DEATH (Check only one) Hospital Outpatient Other Nursing Home Residence Other (Specify)

9b. FACILITY NAME (If not institution, give street and number) **Baptist Medical Center** 9c. CITY, TOWN OR LOCATION OF DEATH **Little Rock,** 9d. COUNTY OF DEATH **Pulaski**

10. MARITAL STATUS - Married **Married** 11. SURVIVING SPOUSE (If wife, give maiden name) **Louis Williams** 12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) **Paper Sorter** 12b. KIND OF BUSINESS INDUSTRY **Office Product**

13a. RESIDENCE - STATE **Illinois** 13b. COUNTY **Cook** 13c. CITY, TOWN, OR LOCATION **Chicago** 13d. STREET AND NUMBER **5949 So. Marshfield**

13e. INSIDE CITY LIMITS? (Yes or No) **Yes** 13f. ZIP CODE **60636** 14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes. If yes, specify Cuban, Mexican, Puerto Rican, etc.) No Yes **Black** 15. RACE (Specify) **Black** 16. DECEDENT'S EDUCATION (Specify only highest grade completed) **Elementary Secondary (0-12) 3**

17. FATHER'S NAME (First, Middle, Last) **Washington Bailey** 18. MOTHER'S NAME (First, Middle, Maiden Surname) **Mozell Boykins**

19a. INFORMANT'S NAME (Type-Print) **Louis Williams** 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) **5949 So. Marshfield Chicago, Illinois 60636**

20a. METHOD OF DISPOSITION Burial Cremation Removal from State Donation Other (Specify)

20b. DATE OF DISPOSITION (Month, Day, Year) **March 16, 2000** 20c. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) **Burr Oak Cemetery Alsip, Illinois**

21a. SIGNATURE OF EMPLOYER *[Signature]* 21b. LICENSE NUMBER **2140** 22a. NAME AND ADDRESS OF FUNERAL HOME **Ruffin & Jarrett 1200 Chester St. Little Rock, Arkansas 72202** 22b. LICENSE NUMBER **256**

23. PART I: Enter the disease, injuries, 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) **Chronic Renal Failure**
DUE TO (OR AS A CONSEQ. OF)

Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST

Diabetes mellitus
DUE TO (OR AS A CONSEQ. OF)

ASCVD
DUE TO (OR AS A CONSEQUENCE OF)

Approximate Interval Between Onset and Death **6 months**

PART II: Other significant conditions contributing to death but not resulting in the underlying cause given in Part I

ASCVD

24. WAS AN AUTOPSY PERFORMED? (Yes or No) **NO** 25. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or No)

26. MANNER OF DEATH Natural Accident Homicide Suicide Could not be Determined Pending Investigation

27. DATE OF INJURY (Month, Day, Year) 28. TIME OF INJURY 29. INJURY AT WORK? (Yes or No)

30. DESCRIBE HOW INJURY OCCURRED

31. PLACE OF INJURY: At home, farm, street, factory, office, building, etc. (Specify) 32. LOCATION (Street and Number or Rural Route Number, City or Town, State)

33. TIME OF DEATH **12:41 p.m.** 34. DATE PRONOUNCED DEAD (Month, Day, Year) **3-8-00** 35. WAS CASE REFERRED TO MEDICAL EXAMINER CORONER? (Yes or No) **NO**

36. MEDICAL EXAMINER or CORONER Only On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place and due to the cause(s) and manner as stated.

Signature and Title *[Signature]*

37. DATE SIGNED (Month, Day, Year)

38. CERTIFYING PHYSICIAN, REGISTERED NURSE (Hospice only), or other qualified person To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated.

Signature and Title *[Signature]*

39. DATE SIGNED (Month, Day, Year) **3-21-00**

40. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Type-Print) **MICHAEL L. BIERLE, M.D. 2160 COURT SUITE 1028 LITTLE ROCK, AR. 72205**

41. REGISTRAR'S SIGNATURE *Wilma Jean Hill DR* 42. DATE FILED (Month, Day, Year) **March 23, 2000**



THIS IS TO CERTIFY THAT THE ABOVE IS A TRUE AND CORRECT COPY OF THE CERTIFICATE ON FILE IN THE ARKANSAS DEPARTMENT OF HEALTH.

MAR 8 3 2000

William G. Adams
William G. Adams
State Registrar

WARNING: A REPRODUCTION OF THIS DOCUMENT RENDERS IT VOID AND INVALID. DO NOT ACCEPT UNLESS EMBOSSED SEAL OF THE ARKANSAS DEPARTMENT OF HEALTH IS PRESENT. IT IS ILLEGAL TO ALTER OR COUNTERFEIT THIS DOCUMENT. **0971748**

VR-112

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AFFIDAVIT OF HEIRSHIP

State of Illinois)
 County of Cook) ss.

Barbara Ann Williams (Affiant), being duly sworn on oath says that:

1. The decedent, Louis J. Williams, died in the City of Chicago, County of Cook, State of Illinois on May 3, 2007, at the age of 77 years. As evidenced by the certificate of Death attached herto:
2. Affiant is of legal age and resides at 5949 South Marshfield Ave, Chicago, Ill., 60636.
3. Affiant is the decedent's widow, and has knowledge of the decedent's heirship.
4. Decedent married Mozell Bailey in the City of Chicago, County of Cook, State of Illinois on April 9, 1964. The marriage ended with the death of Mozell Bailey, Williams on March 8, 2000, predeceasing the decedent.
5. No children were born or adopted by the decedent and Mozell Bailey -Williams.
6. On September 28, 2002, Louis J. William married Barbara Ann Williams.
6. No children were born or adopted during the marriage between the decedent and Barbara Ann Williams.
7. The decedent died without a will.
8. The decedent died owning an interest in the property (legally described as follows:

LOT 29 IN THE BLOCK L IN DEMARESTS SUBDIVISION OF THE NORTHEAST
 ¼ OF THE SOUTHWEST ¼ OF SECTION 18, TOWNSHIP 38 NORTH, RANGE 14,
 EWSST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY ILLINOIS.

P.I.N. 20-18-407-018-0000

A.K.A. 5949 South Marshfield Ave, Chicago, Ill., 60636.

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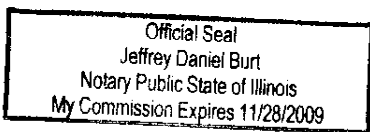
- 9. That the total value of the estate of the decedent including the taxable interest in the aforesaid Property and all joint tenancy interests is under \$100,000.00.
- 10. That all debts of the decedent have been paid in full.
- 11. Passed on the foregoing, decedent left surviving as his only heir the following:
Barbara Ann Williams, his wife.

Subscribed and sworn to before me by the said.

This 21st day of May A.D. 2008

Jeffrey Daniel Burt
 Notary Public

x Barbara Ann Williams
 (affiant's signature)



JEFFREY D. BURT
 Burt Law Center, P.C.
 712 East 47th Street – Suite #304E
 Chicago, IL 60653
 (773) 445-9511
 Attorney No. 39777

Property of Cook County Clerk's Office

REGISTRATION DISTRICT NO. **16.10**

STATE OF ILLINOIS
STATE FILE NUMBER
1606409

STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO

MAY 10 2007

**MEDICAL EXAMINERS - CORONERS
CERTIFICATE OF DEATH**

DECEASED NAME: **LEWIS J. WILLIAMS** FIRST MIDDLE LAST
 COUNTY OF DEATH: **COOK** AGE- LAST BIRTHDAY (YRS): **58. 77** UNDER 1 YEAR: **2** MONTHS **1** DAY **3** HOURS **10** MIN. DATE OF BIRTH (MONTH, DAY, YEAR): **3 MAY 1929**

CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER: **CHICAGO** HOSPITAL OR OTHER INSTITUTION NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER): **HOLY CROSS**

BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY): **AL. SEALE** MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): **MARRIED** NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE): **BARBARA ANN WILLIAMS**

SOCIAL SECURITY NUMBER: **252-32-3137** 1. AL OCCUPATION: **Furnace Operator** 89. BARBARA ANN WILLIAMS

RESIDENCE (STREET AND NUMBER): **5949 S. MARSHFIELD** CITY, TOWN, TWP. OR ROAD DISTRICT NO.: **CHICAGO** KIND OF BUSINESS OR INDUSTRY: **FOUNDRIERY** EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED): **10** (Elementary/Secondary (0-12) College (14 & 5+))

FATHER NAME: **JOSEPH JOHNSON** MOTHER NAME: **JENNIE RANDALL BROWN**

BARBARA ANN WILLIAMS 17b. WIFE 17c. 5949 S. MARSHFIELD CHICAGO, IL 60636

IMMEDIATE CAUSE (Final disease or condition resulting in death): **ARTERIO-SCLEROTIC CARDIOPATHY OF AORTA**

CONDITIONS, IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST: **(a) DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c)**

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.

NATURAL ACCIDENT, HOMICIDE, SUICIDE, UNDERWRITTEN (SPECIFY): **None** DATE OF INJURY (MONTH, DAY, YEAR): **2007** HOUR: **2:22 P.M.** AUTOPSY (YES/NO): **N** WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO CORRECTION OF CAUSE OF DEATH? (YES/NO): **NO**

PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.) (SPECIFY): **None** LOCATION (CITY, TOWN, OR TWP., OR RD. DIST. NO., COUNTY, STATE): **None** HOW INJURY OCCURRED (ENTER NATURE OF INJURY MENTIONED IN PART I OR PART II, ITEM 8): **None** IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? **NO**

I CERTIFY THAT IN MY OPINION BASED UPON MY INVESTIGATION AND/OR THE INQUIRY, THIS DEATH OCCURRED ON THE DATE, AT THE PLACE, AND DUE TO THE CAUSE(S) STATED, AND THAT:

21a. CORONERS - MEDICAL EXAMINERS SIGNATURE: **DR. J. LAWRENCE COOK** DATE SIGNED (MONTH, DAY, YEAR): **MAY 5, 2007**

22a. CORONER'S PHYSICIAN'S NAME (Type in Print): **DR. J. LAWRENCE COOK** DATE SIGNED (MONTH, DAY, YEAR): **MAY 5, 2007**

23a. BURIAL, CREMATION, REMOVAL (SPECIFY): **Burial** CEMETERY OR CREMATORY NAME: **Abraham Lincoln** LOCATION CITY OR TOWN: **CHICAGO** STATE: **IL** DATE (MONTH, DAY, YEAR): **5-12-07**

24a. FUNERAL HOME: **GATLING'S CHAPEL INC, 10133 S HALSTED ST CHICAGO, IL 60628** STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE ZIP

25a. FUNERAL DIRECTOR'S SIGNATURE: **Tommy S. [Signature]** DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR): **MAY 10 2007**

25b. LOCAL REGISTRAR'S SIGNATURE: **[Signature]** DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR): **MAY 10 2007**

26a. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER: **034-015437**

26b. LOCAL REGISTRAR'S ILLINOIS LICENSE NUMBER: **034-015437**



TERRY MASON 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 OBTAINANCE OF SAID LAW AND ORDINANCES.

MAY 10 2007

THIS CERTIFICATE COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.

DEPARTMENT OF PUBLIC HEALTH
CITY OF CHICAGO