

UNOFFICIAL COPY

GALVESTON COUNTY HEALTH DISTRICT BUREAU OF VITAL STATISTICS

STATE OF TEXAS			CERTIFICATE OF DEATH				STATE FILE NUMBER	
1. LEGAL NAME OF DECEASED (include AKA's if any) (First, Middle, Last)			(Maiden)		2. DATE OF DEATH - ACTUAL OR PRESUMED			
Carol Ann Larsen Edwards					February 12, 2006			
3. SEX	4. DATE OF BIRTH	5. AGE-Last Birthday (Years)	IF UNDER 1 YR	IF UNDER 1 DAY	6. BIRTHPLACE (City & State or Foreign Country)			
Female	10/12/1940	65	MO	DAY	Blue Island, IL.			
7. SOCIAL SECURITY NUMBER		8. MARITAL STATUS AT TIME OF DEATH		9. SURVIVING SPOUSE (If wife, give name prior to first marriage)				
358-52-5962		<input checked="" type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown		Paul J. Larsen				
14. RESIDENCE STREET ADDRESS			10b. APT NO		10c. CITY OR TOWN			
17210 Oriole			-----		Tinley Park			
10d. COUNTY	10e. STATE	10f. ZIP CODE		10g. INSIDE CITY LIMITS?				
Cook	Illinois	60477		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
11. FATHER'S NAME			12. MOTHER'S NAME PRIOR TO FIRST MARRIAGE					
Edward Edwards			Eleanor Mielke					
13. PLACE OF DEATH (CHECK ONLY ONE)								
IF DEATH OCCURRED IN A HOSPITAL:		IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL:						
<input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> L.DOA		<input checked="" type="checkbox"/> Hospice Facility <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)						
14. COUNTY OF DEATH		15. CITY/TOWN, ZIP (If outside city limits, give precinct no)		16. FACILITY NAME (If not institution, give street address)				
Galveston		Galveston 77555		The University of Texas Medical Branch				
17. INFORMANT'S NAME & RELATIONSHIP TO DECEASED			18. MAILING ADDRESS OF INFORMANT (Street and Number, City, State, Zip Code)					
Paul Larsen Husband			17210 Oriole, Tinley Park, IL. 60477					
19. METHOD OF DISPOSITION		20. SIGNATURE AND LICENSE NUMBER OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH			21. Section			
<input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal From State <input type="checkbox"/> Other (Specify)		[Signature] Ronnie Roller #10539			<input checked="" type="checkbox"/> Unknown			
22. PLACE OF DISPOSITION (Name of cemetery, crematory, other place)		23. LOCATION (City/Town, and State)						
Galveston Memorial Park		Hitchcock, Texas						
24. NAME OF FUNERAL FACILITY			25. COMPLETE ADDRESS OF FUNERAL FACILITY (Street and Number, City, State, Zip Code)					
Broadway Funeral Home			58.5 Broadway, Galveston, TX. 77551					
26. CERTIFIER (Check only one):								
<input checked="" type="checkbox"/> Certifying Physician - To the best of my knowledge, death occurred due to the cause(s) and manner stated. <input type="checkbox"/> Medical Examiner/Jurist of the Peace - 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 stated.								
27. SIGNATURE OF CERTIFIER		28. DATE CERTIFIED (Mo/Day/Yr)		29. LICENSE NUMBER		30. TIME OF DEATH (Actual or presumed)		
[Signature]		2/12/06		1A63353973-0214		11:30 A.M.		
31. PRINTED NAME, ADDRESS OF CERTIFIER (Street and Number, City, State, Zip Code)						32. TITLE OF CERTIFIER		
Ki Hong Ho, M.D. 301-University Blvd., Galveston, Texas 77555						M.D.		
33. PART 1. ENTER THE CHAIN OF EVENTS - DISEASES, INJURIES, OR COMPLICATIONS - THAT DIRECTLY CAUSED THE DEATH. DO NOT ENTER TERMINAL EVENTS SUCH AS CARDIAC ARREST, RESPIRATORY ARREST, OR VENTRICULAR FIBILLATION WITHOUT SHOWING THE ETIOLOGY. DO NOT ABBREVIATE. ENTER ONLY ONE CAUSE ON EACH LINE.								
IMMEDIATE CAUSE (Final disease or condition resulting in death)		a. Intracranial hemorrhage						
Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST.		b. Uncontrolled hypertension						
PART 2. ENTER OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING BY THE UNDERLYING CAUSE GIVEN IN PART 1.		c. _____						
		d. _____						
34. WAS AN AUTOPSY PERFORMED?						35. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
36. MANNER OF DEATH		37. DID TOBACCO CONTRIBUTE TO DEATH?		38. IF FEMALE:		39. IF TRANSPORTATION INJURY, SPECIFY:		
<input checked="" type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input checked="" type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year		<input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)		
40a. DATE OF INJURY (Mo/Day/Yr)		40b. TIME OF INJURY		40c. INJURY AT WORK?		40d. PLACE OF INJURY (e.g., Decedent's home, construction site, restaurant, wooded area)		
				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
40e. LOCATION (Street and Number, City, State, Zip Code)						40f. COUNTY OF INJURY		
41. DESCRIBE HOW INJURY OCCURRED								
42a. REGISTRAR FILE NO.		42b. DATE RECEIVED BY LOCAL REGISTRAR		42c. REGISTRAR				
02-106		02/14/2006		Alma Garcia				

TEXAS DEPARTMENT OF STATE HEALTH SERVICES - VITAL STATISTICS UNIT
 WARNING: The penalty for knowingly making a false statement on this form can be 2-10 years in prison and a fine of up to \$10,000. (Health and Safety Code, Sec. 195.196B)
 VS-112 REV 1/2006

360435

This is to certify that this is a true and correct reproduction of the original record as recorded in this office. Issued under authority of Sec. 191.051, Health and Safety Code.

ISSUED FEB 14 2006

Alma Cazares Garcia
 Local Registrar

WARNING: IT IS ILLEGAL TO DUPLICATE THIS COPY.

UNOFFICIAL COPY

Property of Cook County Clerk's Office

Lot 9 in Block 7 in Arthur T. McIntosh and Company's Southland's Unit No. 3 being a Subdivision of certain parts of the North 1395 Feet of the East 1/2 of the Southwest 1/4 of Section 25, Township 36 North, Range 12, East of the Third Principal Meridian, in Cook County, Illinois.

The Real Property or its address is commonly known as 17210 Oriole Avenue, Tinley Park, IL 60477. The Real Property tax identification number is 27-25-304-022-0000.