

UNOFFICIAL COPY

HARVEY, ILLINOIS DISTRICT 16.34

DECEDENT'S BIRTH NO.		REGISTRATION DISTRICT NO. 16.34	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—NAME FIRST MIDDLE LAST		SEX	DATE OF DEATH (MONTH, DAY, YEAR)	
	MARCELLUS O SMITH		MALE	MAY 25, 2007	
	COUNTY OF DEATH	AGE—LAST BIRTHDAY (YRS)	UNDER 1 YEAR	UNDER 1 DAY	DATE OF BIRTH (MONTH, DAY, YEAR)
	COOK	74	MOS. DAYS	HOURS MIN	AUGUST 18, 1932
	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. OP/EMER. RM. INPATIENT (SPECIFY)
	HARVEY		INGALLS		EMER RM
	BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)	NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE)		WAS DECEASED EVER ARMED FORCES? (YES)
	CHICAGO IL	MARRIED	GLENDA STONE		YES
	SOCIAL SECURITY NUMBER	USUAL OCCUPATION	KIND OF BUSINESS OR INDUSTRY	EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED)	
	345-26-6059	Security Officer	SAFETY	12	
RESIDENCE (STREET AND NUMBER)	CITY, TOWN, TWP. OR ROAD DISTRICT NO.	INSIDE CITY (YES/NO)	COUNTY		
16838 School St	SOUTH HOLLAND	YES	COOK		
STATE	ZIP CODE	RACE (WHITE, BLACK, AMERICAN INDIAN, ETC.) (SPECIFY)	OF HISPANIC ORIGIN? (SPECIFY NO OR YES—IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN)		
ILLINOIS	60473	BLACK	NO		
FATHER—NAME FIRST MIDDLE LAST		MOTHER—NAME FIRST MIDDLE LAST (MAIDEN) LAST			
ETHO MARCELLUS SMITH		HELEN SMITH			
INFORMANT'S NAME (TYPE OF PERSON)	RELATIONSHIP	MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP)			
GLENDA STONE-SMITH	WIFE	16838 School St South Holland IL			
18. PART I. Enter the disease, or complications that caused the death. Do not enter the manner of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on one line.					
IMMEDIATE CAUSE (Final disease or condition resulting in death) Acute Pulmonic Decomensation					
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. Hypertension					
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)
					NO
IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS?				WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES)	
				NO	
WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO)		HOUR OF DEATH			
YES		7:00 PM			
TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND PLACE OF BIRTH					
3/21/07		MONFAEVO, W.D.			
SIGNATURE		ADVOCATE NEARBY CENTER		DATE SIGNED	
Dr. Daniel Montano		SOUTH HOLLAND		5/31/07	
NAME AND ADDRESS OF CERTIFIER		100 W. 162ND STREET		ILLINOIS LICENSE NUMBER	
Dr. Daniel Montano		SOUTH HOLLAND, IL 60473		036-081327	
NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.					
BURIAL, CREMATION, REMOVAL (SPECIFY)	CEMETERY OR CREMATORY—NAME	LOCATION	CITY OR TOWN	STATE	DATE (MONTH, DAY, YEAR)
BURIAL	ABRAHAM LINCOLN	ELWOOD	ILLINOIS	ILLINOIS	MAY 31, 2007
FUNERAL HOME	NAME	STREET AND NUMBER OR R.F.D.	CITY OR TOWN	STATE	ZIP
Taylor Funeral Home Ltd	MARGO B Taylor White	63 E 29th St	Chicago	Illinois	60619
FUNERAL DIRECTOR'S SIGNATURE				FUNERAL DIRECTORY ILLINOIS LICENSE NUMBER	
Margo B Taylor White				034-011950	
LOCAL REGISTRAR'S SIGNATURE				DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)	
Gwendolyn L Davis				JUN 01 2007	

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CERTIFIED COPY OF VITAL RECORDS

I HEREBY CERTIFY THAT THE FOREGOING is a true and correct copy of the DEATH record for the individual named therein and that this record was established and filed in my office in accordance with the provisions of the ILLINOIS STATUTES relating to the registration of BIRTHS, STILLBIRTHS and DEATHS.

D45881

DATE ISSUED
JUN 01 2007

ISSUED AT:
CITY OF HARVEY
15320 SO. BROADWAY AVE.
ILLINOIS 60426

Gwendolyn L Davis
GWENDOLYN L. DAVIS
LOCAL REGISTRAR

This copy not valid unless prepared on engraved border displaying seal and signature of Local Registrar.