

UNOFFICIAL COPY

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REGISTRATION DISTRICT NO. 16.10				STATE OF ILLINOIS CERTIFICATE OF DEATH				LOCAL FILE NUMBER 616442				STATE FILE NUMBER			
1. DECEDENT'S LEGAL NAME (Include AKAs if any) (First, Middle, Last) LIDUVINA NICEZYPORUK								2. SEX FEMALE		3. DATE OF DEATH (Month/Day/Year) (Spell Month) DECEMBER 5, 2008					
4. COUNTY OF DEATH COOK				5a. AGE AT LAST BIRTHDAY (Years) 61		5b. UNDER 1 YEAR Months: _____ Days: _____		5c. UNDER 1 DAY Hours: _____ Minutes: _____		6. DATE OF BIRTH (Month/Day/Year) APRIL 14, 1947					
7a. CITY OR TOWN CHICAGO						7b. HOSPITAL OR OTHER INSTITUTION NAME (If not in either, give street and number) RESURRECTION MEDICAL CENTER									
7c. PLACE OF DEATH (Check only one; see instructions)															
IF DEATH OCCURRED IN A HOSPITAL <input type="checkbox"/> Inpatient <input checked="" type="checkbox"/> Emergency Room/Outpatient <input type="checkbox"/> Dead on Arrival						IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL <input type="checkbox"/> Hospice facility <input type="checkbox"/> Nursing Home/Long-term care facility <input type="checkbox"/> Decedent's home <input type="checkbox"/> Other (Specify): _____									
8. BIRTHPLACE (City and State or Foreign Country) PUERTO RICO				9. SOCIAL SECURITY NUMBER ████████ 6446				10. MARITAL STATUS AT TIME OF DEATH <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married but separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown				11. SURVIVING SPOUSE'S NAME (If wife, give full name prior to first marriage) JUAN NICEZYPORUK		12. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
13a. RESIDENCE (Street and Number) 1172 PINE TREE CT.						13b. APT. NO.		13c. CITY OR TOWN LAKE VILLA		13d. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
13e. COUNTY LAKE		13f. STATE IL.		13g. ZIP CODE 60046		14. FATHER'S NAME (First, Middle, Last) JUSTO MARTINEZ				15. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last) CARMEN LOPEZ					
16a. INFORMANT'S NAME JUAN NICEZYPORUK						16b. RELATIONSHIP HUSBAND		16c. MAILING ADDRESS (Street and No., City or Town, State, ZIP Code) 1172 PINE TREE CT. LAKE VILLA, IL. 60046							
17. METHOD OF DISPOSITION: <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Other (Specify): _____						18. PLACE OF DISPOSITION (Name of cemetery, crematory, other) ACACIA PARK CREMATORY				19. LOCATION - CITY, TOWN AND STATE CHICAGO, ILLINOIS		20. DATE OF DISPOSITION (Month/Day/Year) DEC. 10, 2008			
21a. FUNERAL HOME NAME STREET AND NUMBER CITY OR TOWN STATE ZIP LAWRENCE FRIEL FUNERAL DIRECTOR 8300 W. LAWRENCE AVE. NORRIDGE, ILLINOIS 60706															
21b. FUNERAL DIRECTOR'S SIGNATURE <i>Lawrence Friel</i>								21c. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034-011420							
22. LOCAL REGISTRAR'S SIGNATURE <i>Terry Mason MD</i>								23. DATE FILED WITH LOCAL REGISTRAR (Month/Day/Year) DEC 08 2008							
CAUSE OF DEATH (See instructions and examples)															
24. PART I. 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 fibrillation without showing etiology. If the decedent had a dementia related disease, Parkinson's Disease, or Parkinson Dementia Complex, indicate in Part I or Part II. DO NOT ABBREVIATE. Enter only one cause on a line. Add additional lines if necessary.										APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH					
IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. ATHEROSCLEROTIC CORONARY ARTERY DISEASE Due to (or as a consequence of):										YEARS					
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. _____ Due to (or as a consequence of):															
c. _____ Due to (or as a consequence of):															
PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I. DIABETES, HYPERTENSION										25. WAS AN AUTOPSY PERFORMED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
27. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown										26. WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
28. IF FEMALE: <input type="checkbox"/> Not pregnant within past 12 months <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Pregnant within one year of death, but time unknown <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past 12 months						29. MANNER OF DEATH: <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be determined <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Pending investigation									
30. DATE OF INJURY (Month/Day/Year)			31. TIME OF INJURY <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.		32. PLACE OF INJURY (e.g. Decedent's home, construction site, restaurant, wooded area)				33. INJURY AT WORK? <input type="checkbox"/> Yes <input type="checkbox"/> No						
34. LOCATION OF INJURY Street and Number Apartment Number City or Town State ZIP Code															
35. DESCRIBE HOW INJURY OCCURRED:								36. IF TRANSPORTATION INJURY, SPECIFY: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify): _____							
37. I (DID) (DID NOT) ATTEND THE DECEASED (Month/Day/Year) AND LAST SAW HIM/HER ALIVE ON DECEMBER 5, 2008						38. WAS MEDICAL EXAMINER OR CORONER CONTACTED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		39. DATE PRONOUNCED (Month/Day/Year) DECEMBER 5, 2008		40. TIME OF DEATH 12:11 <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M.					
41. CERTIFIER (Check only one): <input checked="" type="checkbox"/> Physician in charge of patient's care - To the best of my knowledge, death occurred due to the cause(s) and manner stated. <input type="checkbox"/> Physician in attendance at time of death only - To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner stated. <input type="checkbox"/> Medical Examiner/Coroner - 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.															
42. NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH (Item 24) PURCHIT LACUESTA 7400 W ADDISON CHICAGO IL 60634										43. PHYSICIAN'S LICENSE NUMBER 036-098775					
44. TITLE OF CERTIFIER PHYSICIAN				45. DATE CERTIFIED (Month/Day/Year) DECEMBER 7, 2008				46. SIGNATURE OF CERTIFIER <i>Terry Mason MD</i>							

This is to certify that this is a true and correct copy of the official death record filed with the Illinois Department of Public Health.

CITY OF CHICAGO
DEPARTMENT OF PUBLIC HEALTH

THIS CERTIFICATE COPY VALID WHEN
EMBOSSER SEAL IS APPLIED OVER
REGISTRAR'S SIGNATURE.

Terry Mason MD

1. TERRY MASON, M.D., LOCAL REGISTRAR OF VITAL STATISTICS OF COUNTY OF COOK, ILLINOIS, CERTIFIES THAT IN THE REGISTRY OF THE RECORDS OF BIRTHS, STILLBIRTHS AND DEATHS FOR THE CITY OF CHICAGO BY WRITE OF THE LAW 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 OBEYANCE OF SAID LAWS AND ORDINANCES.

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STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO