

UNOFFICIAL COPY

CERTIFICATION OF DEATH RECORD

CHICAGO, ILLINOIS MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER 2009 0023763

DATE ISSUED 08/21/2009

DECEDENT'S LEGAL NAME JAMES JOSEPH DONNELLY				SEX MALE	DATE OF DEATH MAY 24, 2009
COUNTY OF DEATH COOK	AGE AT LAST BIRTHDAY 74 YEARS		DATE OF BIRTH SEPTEMBER 01, 1934		
CITY OR TOWN LEYDEN TWP		HOSPITAL OR OTHER INSTITUTION NAME 2100 N LOUIS ST			
PLACE OF DEATH DECEDENT'S HOME					
BIRTHPLACE CHICAGO, IL	SOCIAL SECURITY NUMBER [REDACTED]	MARITAL STATUS AT TIME OF DEATH MARRIED	SURVIVING SPOUSE'S NAME DOLORES DRAAG		EVER IN U.S. ARMED FORCES? NO
RESIDENCE 2100 N LOUIS ST		APT. NO.	CITY OR TOWN MELROSE PARK		INSIDE CITY LIMITS? NO
COUNTY COOK	STATE IL	ZIP CODE 60164	FATHER'S NAME JAMES JOSEPH DONNELLY		MOTHER'S NAME PRIOR TO FIRST MARRIAGE LILLIAN KEHL
INFORMANT'S NAME DOLORES DONNELLY		RELATIONSHIP WIFE	MAILING ADDRESS 2100 N LOUIS ST, MELROSE PARK, IL, 60164		
METHOD OF DISPOSITION BURIAL		PLACE OF DISPOSITION SAINT JOSEPH CATHOLIC CEMETERY	LOCATION - CITY OR TOWN AND STATE RIVER GROVE, IL	DATE OF DISPOSITION MAY 30, 2009	
FUNERAL HOME CUNEO-COLUMBIAN FUNERAL HOME, 10300 W. GRAND AVE., FRANKLIN PARK, IL, 60131					
FUNERAL DIRECTOR'S NAME CHARLES WILLIAM FREEMON			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034012345		
LOCAL REGISTRAR'S NAME DAVID ORR			DATE FILED WITH LOCAL REGISTRAR MAY 26, 2009		
CAUSE OF DEATH PART I. LUNG CANCER					
IMMEDIATE CAUSE (Final disease or condition resulting in death)		a.			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		b.	Due to (or as a consequence of):		
		c.	Due to (or as a consequence of):		
			Due to (or as a consequence of):		
PART II. Enter other <i>significant conditions contributing to death</i> but not resulting in the underlying cause given in PART I.					3 YEARS
DID TOBACCO USE CONTRIBUTE TO DEATH? YES			FEMALE PREGNANCY STATUS NOT APPLICABLE		WAS AN AUTOPSY PERFORMED? NO
DATE OF INJURY			TIME OF INJURY	PLACE OF INJURY	WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? N/A
LOCATION OF INJURY					MANNER OF DEATH NATURAL
DESCRIBE HOW INJURY OCCURRED:			IF TRANSPORTATION INJURY, SPECIFY:		
ATTEND THE DECEASED? YES	DATE LAST SEEN ALIVE MAY 21, 2009	WAS MEDICAL EXAMINER OR CORONER CONTACTED? NO		DATE PRONOUNCED	TIME OF DEATH 10:45 AM
CERTIFIER PHYSICIAN				DATE CERTIFIED MAY 26, 2009	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH SHANIS, RODNEY, 675 W NORTH AVE, MELROSE PARK, ILLINOIS, 60160				PHYSICIAN'S LICENSE NUMBER 036092883	



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

David Orr
David Orr
Cook County Clerk

