

* ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pursue its statutory responsibility. Disclosure voluntary and there will be no penalty for refusal.

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INDIANA STATE DEPARTMENT OF HEALTH

THIS CERTIFIES THE FOLLOWING IS A TRUE AND COMPLETE COPY OF DEATH ON FILE WITH THE HAMMOND HEALTH DEPARTMENT.

Local No. 337

CERTIFICATE OF DEATH

(May 25, 2007) *[Signature]*
Date Issued Hammond Health Commissioner

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-37-1-10

TYPE/PRINT
IN
PERMANENT
BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF
DEATH

1 DECEASED—NAME (First, Middle, Last) Edward Earl Kelly				2. SEX Male		3a. TIME OF DEATH 6:20 PM		3b. DATE OF DEATH (Month, Day, Yr.) May 24, 2007	
4. SOCIAL SECURITY NUMBER [REDACTED]-4160		5a. AGE—Last Birthday (Years) 53		5b. UNDER 1 YEAR Months Days		5c. UNDER 1 DAY Hours Minutes		6. DATE OF BIRTH (Mo, Day, Yr.) Sept. 8, 1953	
7. BIRTHPLACE (City and State or Foreign Country) Water Valley, MS		8a. WAS DECEDENT A U.S. VETERAN? No		8b. YEAR LAST SERVED IN U.S. ARMED FORCES? N/A		8c. PLACE OF DEATH (Check only one. See instructions) <input checked="" type="checkbox"/> HOSPITAL <input type="checkbox"/> Inpatient <input checked="" type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence			
9a. FACILITY NAME (If not institution, give street and number) St. Margaret Mercy Hospital				9c. CITY, TOWN, OR LOCATION OF DEATH Hammond			9d. COUNTY OF DEATH Lake		
10. MARITAL STATUS (Specify) Married		11. SURVIVING SPOUSE (If wife, give maiden name) Sheron Bulgin		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Teacher			12b. KIND OF BUSINESS/INDUSTRY College		
13a. RESIDENCE—STATE Illinois		13b. COUNTY Cook		13c. CITY, TOWN, OR LOCATION Calumet City			13d. STREET AND NUMBER 410 Buffalo		
13e. ZIP CODE 60409		13f. ZIP CODE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		14. CITIZEN OF WHAT COUNTRY? USA		15. WAS DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc.)		16. RACE—American Indian, Black, White, etc (Specify) Black	
17. DECEDENT'S EDUCATION (Specify only highest grade completed) Emergency/Secondary (0-12) 4 College (1-4 or 5 +) 4		18. FATHER'S NAME (First, Middle, Last) James Kelly				19. MOTHER'S NAME (First, Middle, Maiden Surname) Flora Brown			
20a. INFORMANT'S NAME (Type/Print) Sheron Kelly				20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 410 Buffalo Ave. Calumet City, IL 60409				20c. Relationship Wife	
21a. METHOD OF DISPOSITION <input type="checkbox"/> Entombment <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify) _____				21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) June 1, 2007 Oakridge Cemetery				21c. LOCATION—City or Town, State Hillside, IL	
22a. EMBALMER'S NAME John C. Travis				22b. EMBALMER'S LICENSE NO 29900125		23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
24a. SIGNATURE OF FUNERAL DIRECTOR <i>[Signature]</i>				24b. LICENSE NUMBER (Ill. license) 29900125		25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Coleman Williams & Hicks 19900066 101 N. Karwick Rd. Michigan City, IN For Corbin Colonial Chapel, Chicago, IL			
26. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter nonspecific terms, 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) a. Myocardial Infarction DUE TO (OR AS A CONSEQUENCE OF) b. atherosclerotic coronary artery disease DUE TO (OR AS A CONSEQUENCE OF) c. _____ DUE TO (OR AS A CONSEQUENCE OF) d. _____									
PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I.									
27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) No				28a. WAS AN AUTOPSY PERFORMED? (Yes or no) No		28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) N/A			
29a. CERTIFIER (Check only one) <input checked="" type="checkbox"/> CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated. <input type="checkbox"/> HEALTH OFFICER 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) as stated. <input type="checkbox"/> 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 as stated.									
29b. SIGNATURE AND TITLE OF CERTIFIER Michele Carlson MD						29c. MEDICAL LICENSE NO IL 036 082359		29d. DATE SIGNED (Month, Day, Year) 05/25/2007	
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 20a, Type/Print) 1011 W. Lake St. Suite 300 Oak Park, IL 60301 Dr. Michele Carlson (May)									
31. HEALTH OFFICER'S SIGNATURE <i>[Signature]</i>								32. DATE FILED (Month, Day, Year) May 25, 2007	
33. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide			34a. DATE OF INJURY (Month, Day, Year)		34b. TIME OF INJURY	34c. INJURY AT WORK? (Yes or no)		34d. DESCRIBE HOW INJURY OCCURRED	
34a. PLACE OF INJURY—At home, farm, street, factory, office building, etc (Specify)					34f. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
34g. DATE PRONOUNCED DEAD (Month, Day, Year)				34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc					

COPY

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LOT 14 IN BLOCK 7 IN FORD CALUMET HIGHLANDS ADDITION TO WEST HAMMOND OF THE WEST 652 FEET OF THE EAST 1316 FEET TO THE SOUTH 1/2 OF THE NORTHEAST 1/4 OF SECTION 7, TOWNSHIP 36 NORTH, RANGE 15, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Property Index Number:
30-07-206-029-0000

Property of Cook County Clerk's Office