

UNOFFICIAL COPY

as his/hers/their free and voluntary act, for the uses and purposes therein set forth, including the release and waiver of the right of homestead.

Given under my hand and notarial seal, this 2ND day of NOVEMBER, 2010

Rosemarie Settanni
Notary Public

My commission expires: 8-10-11

Exempt under the provisions of paragraph _____



Property of Cook County Clerk's Office

CERTIFICATE OF DEATH COPY

CHICAGO, ILLINOIS MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER: 2009 0081306		DATE ISSUED: 12/17/2009	
DECEDENT'S LEGAL NAME HELEN MARIE JOZEFAT		SEX FEMALE	DATE OF DEATH DECEMBER 10, 2009
COUNTY OF DEATH COOK	AGE AT LAST BIRTHDAY 89 YEARS	DATE OF BIRTH FEBRUARY 02, 1920	
CITY OR TOWN PARK RIDGE	HOSPITAL OR OTHER INSTITUTION NAME RAINBOW HOSPICE ARK		
PLACE OF DEATH HOSPICE FACILITY			
BIRTHPLACE WEST BRANCH, IA	SOCIAL SECURITY NUMBER 482-38-7001	MARITAL STATUS AT TIME OF DEATH DIVORCED	SURVIVING SPOUSE'S NAME EVER IN U.S. ARMED FORCES? NO
RESIDENCE 2943 LUNA	XPT. NO.	CITY OR TOWN CHICAGO	INSIDE CITY LIMITS? YES
COUNTY COOK	STATE IL	ZIP CODE 60641	FATHER'S NAME JAMES ZOUSEL
		MOTHER'S NAME PRIOR TO FIRST MARRIAGE EMMA MACHULA	
INFORMANT'S NAME JAMES JOZEFAT		RELATIONSHIP SON	MAILING ADDRESS 701 PRINCETON, PALATINE, IL 60074
METHOD OF DISPOSITION BURIAL		PLACE OF DISPOSITION SAINT ADALBERT CATHOLIC CEMETERY	LOCATION - CITY OR TOWN AND STATE NILES, IL
		DATE OF DISPOSITION DECEMBER 19, 2009	
FUNERAL HOME OEHLER FUNERAL HOME, 2099 MINER STREET, DES PLAINES, IL, 60016			
FUNERAL DIRECTOR'S NAME KENNETH R SCHMUCKER		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034011641	
LOCAL REGISTRAR'S NAME DAVID ORR		DATE FILED WITH LOCAL REGISTRAR DECEMBER 13, 2009	
CAUSE OF DEATH PART I IMMEDIATE CAUSE (Final disease or condition resulting in death)		UNKNOWN	
a. COLON CANCER			
b. _____			
c. _____			
d. _____			
PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in Part I.		WAS AN AUTOPSY PERFORMED? NO	
		WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? N/A	
DID TOBACCO USE CONTRIBUTE TO DEATH? UNKNOWN		MANNER OF DEATH NATURAL	
FEMALE PREGNANCY STATUS NOT APPLICABLE		INJURY AT WORK? NO	
DATE OF INJURY	TIME OF INJURY	PLACE OF INJURY	
LOCATION OF INJURY			IF TRANSPORTATION INJURY, SPECIFY:
DESCRIBE HOW INJURY OCCURRED:			
ATTEND THE DECEASED? YES	DATE LAST SEEN ALIVE DECEMBER 10, 2009	WAS MEDICAL EXAMINER OR CORONER CONTACTED? NO	DATE PRONOUNCED
		TIME OF DEATH 04:29 PM	
CERTIFIER PHYSICIAN		DATE CERTIFIED DECEMBER 10, 2009	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH RICHARD WOLFE, 1601 NORTH WESTERN AVE, PARK RIDGE, ILLINOIS, 60068		PHYSICIAN'S LICENSE NUMBER 036105593	

APPROPRIATE INTERNAL REVIEW MUST PRECEDE FIRST AND DEATH



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



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE