

UNOFFICIAL COPY

STATE OF ILLINOIS)
County of Cook)

DAVID ORR, County Clerk

JAN 28 2004

I, David Orr, County Clerk of the County of Cook, in the State aforesaid, and Keeper of the Records and Files of said County do hereby certify that the attached is a true and correct copy of the original Record on file, all of which appears from the records and files in my office.

IN WITNESS THEREOF, I have hereunto set my hand and affixed the Seal of the County of Cook, at my office in the city of Chicago, in said County.

David Orr
- COUNTY CLERK

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|---|--|---|--|--|--|---|--|
| DECEDENT'S BIRTH NO. | | REGISTRATION DISTRICT NO. 16.0 | | 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 1. William Barnes, Jr. | | SEX 2. Male | | DATE OF DEATH (MONTH, DAY, YEAR) 3. January 25, 2004 | |
| COUNTY OF DEATH 4. Cook | | AGE - LAST BIRTHDAY (YRS) 5a. 66 | | UNDER 1 YEAR MO. DAYS 5b. | | UNDER 1 DAY HOURS MIN. 5c. | |
| CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER 6a. Hoffman Estates | | HOSPITAL OR OTHER INSTITUTION - NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 6b. St. Alexis Hosp | | DATE OF BIRTH (MONTH, DAY, YEAR) 5d. July 15, 1937 | | IF HOSP. OR INST. INDICATE D.O.A. (ARMED FORCES? (YES/NO)) 6c. D. O. A. | |
| BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) 7. Chicago, Illinois | | MARRIED, NEVER MARRIED, (WIDOWED, DIVORCED) (SPECIFY) 8a. Married | | NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) 8b. Sandra Baker | | WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO) 9. YES | |
| SOCIAL SECURITY NUMBER 10. [REDACTED] | | USUAL OCCUPATION 11a. Teacher | | KIND OF BUSINESS OR INDUSTRY 11b. Defensive Driving | | EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) (Elementary/Secondary (9-12) College (1/2 or 5+)) 12. 12 3 | |
| RESIDENCE (STREET AND NUMBER) 13a. 1811 Bromley Court | | CITY, TOWN, TWP, OR ROAD DISTRICT NO. 13b. Schaumburg | | INSIDE CITY (YES/NO) 13c. YES | | COUNTY 13d. Cook | |
| STATE 13e. IL | | ZIP CODE 13f. 60194 | | RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) 14a. Black | | OF HISPANIC ORIGIN? (SPECIFY NO OR YES - IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.) 14b. NO | |
| FATHER - NAME FIRST MIDDLE LAST 15. William Barnes | | MOTHER - NAME FIRST MIDDLE (MAIDEN) LAST 16. Florence Johnson | | INFORMANT'S NAME (TYPE OR PRINT) 17a. Andrew Leak | | RELATIONSHIP 17b. Records | |
| Mailing Address (Street and No. or R.F.D., City or Town, State, Zip) 17c. 7838 S. Cottage Grove Chgo. IL 60619 | | 18. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. | | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH | | | |
| Immediate Cause (Final disease or condition resulting in death) | | (a) CARDIOPULMONARY FAILURE | | DUE TO, OR AS A CONSEQUENCE OF | | 7 DAYS | |
| CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. | | (b) CARDIOMYOPATHY, DIABETES MELLITUS | | DUE TO, OR AS A CONSEQUENCE OF | | | |
| | | (c) CORONARY ARTERY DISEASE | | DUE TO, OR AS A CONSEQUENCE OF | | | |
| PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I. | | | | | | | |
| DATE OF OPERATION, IF ANY 20a. Jan 22, 2004 | | MAJOR FINDINGS OF OPERATION 20b. CORONARY ANGIOPLASTY | | AUTOPSY (YES/NO) 19a. NO | | WAS AUTOPSY FINDING AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO) 19b. NO | |
| (1) (DID) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON 21a. Jan 24, 2004 | | WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) 21b. YES | | HOUR OF DEATH 21c. 1:11 AM | | M. | |
| TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED. | | DATE SIGNED (MONTH, DAY, YEAR) 22b. 1-26-04 | | ILLINOIS LICENSE NUMBER 22d. 036-091372 | | | |
| 22a. SIGNATURE M. Bala | | NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) M Bala 1545 Hicks Rd Rolling Meadows IL 60008 | | NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) | | | |
| 23. BURIAL, CREMATION, REMOVAL (SPECIFY) 24a. Cremation | | CEMETERY OR CREMATORY - NAME 24b. Lakes Crematory | | LOCATION CITY OR TOWN STATE 24c. Lake Villa, Illinois | | DATE (MONTH, DAY, YEAR) 24d. 1/29/2004 | |
| FUNERAL HOME NAME STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE ZIP 25a. Leak and Sons Funeral Home 7838 S Cottage Grove Chicago, Illinois 60619 | | FUNERAL DIRECTOR'S SIGNATURE David D. Orr | | FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 25c. 031-007489 | | DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) 26d. JAN 28 2004 | |
| LOCAL REGISTRAR'S SIGNATURE David D. Orr | | | | | | | |