



# CERTIFICATION OF DEATH RECORD

## UNOFFICIAL COPY

### DUPAGE COUNTY HEALTH DEPARTMENT WHEATON, ILLINOIS MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER 2010 0078426

DATE ISSUED 11/01/2010

DECEDENT'S LEGAL NAME CORENE LEWIS			SEX FEMALE	DATE OF DEATH OCTOBER 25, 2010	
COUNTY OF DEATH DU PAGE		AGE AT LAST BIRTHDAY 84 YEARS	DATE OF BIRTH AUGUST 01, 1926		
CITY OR TOWN HINSDALE			HOSPITAL OR OTHER INSTITUTION NAME MANORCARE AT HINSDALE		
PLACE OF DEATH NURSING HOME / LONG TERM CARE FACILITY					
BIRTHPLACE CANTON, MS		SOCIAL SECURITY NUMBER [REDACTED] 0321	MARITAL STATUS AT TIME OF DEATH WIDOWED	SURVIVING SPOUSE'S NAME EVER IN U.S. ARMED FORCES? NO	
RESIDENCE 600 W ODGEN AVE			APT. NO.	CITY OR TOWN HINSDALE	INSIDE CITY LIMITS? YES
COUNTY COOK	STATE L	ZIP CODE 60521	FATHER'S NAME CHARLIE PETERSON		MOTHER'S NAME PRIOR TO FIRST MARRIAGE VERNETTA UNKNOWN
INFORMANT'S NAME CHARLES LEWIS		RELATIONSHIP SON	MAILING ADDRESS 19W101 18TH PLACE, LOMBARD, IL, 60148		
METHOD OF DISPOSITION BURIAL		PLACE OF DISPOSITION FOREST HOME CEMETERY	LOCATION - CITY OR TOWN AND STATE FOREST PARK, IL	DATE OF DISPOSITION OCTOBER 29, 2010	
FUNERAL HOME A A RAYNER AND SONS WEST, 5911 WEST MADISON STREET, CHICAGO, IL, 60644					
FUNERAL DIRECTOR'S NAME DIANE S BROWN			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 031009394		
LOCAL REGISTRAR'S NAME MAUREEN T MCHUGH			DATE FILED WITH LOCAL REGISTRAR NOVEMBER 1, 2010		
CAUSE OF DEATH		PART I. MULTIPLE MYELOMA		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	22 MONTHS
IMMEDIATE CAUSE (Final disease or condition resulting in death)		a.	Due to (or as a consequence of):		22 MONTHS
		b.	TRANSFUSION DEPENDANT ANEMIA		
		c.	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.				WAS AN AUTOPSY PERFORMED? NO	
				WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? N/A	
DID TOBACCO USE CONTRIBUTE TO DEATH?		FEMALE PREGNANCY STATUS NOT APPLICABLE		MANNER OF DEATH NATURAL	
DATE OF INJURY		TIME OF INJURY	PLACE OF INJURY		INJURY AT WORK?
LOCATION OF INJURY					
DESCRIBE HOW INJURY OCCURRED:					IF TRANSPORTATION INJURY, SPECIFY:
ATTEND THE DECEASED? YES	DATE LAST SEEN ALIVE OCTOBER 20, 2010	WAS MEDICAL EXAMINER OR CORONER CONTACTED? YES		DATE PRONOUNCED	TIME OF DEATH 04:45 PM
CERTIFIER PHYSICIAN				DATE CERTIFIED OCTOBER 28, 2010	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH DR. SHEELA SWAMY, 1034 WARREN AVE, DOWNERS GROVE, ILLINOIS, 60515					PHYSICIAN'S LICENSE NUMBER 036081176



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

*Maureen T. McHugh*  
Maureen T. McHugh  
Local Registrar

Not valid without the embossed seal of the  
DuPage County Health Department.

DO NOT SIGN OR WRITE ON EITHER SIDE OF THIS CERTIFICATE

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THE FOLLOWING IS A LEGAL DESCRIPTION OF THE REAL ESTATE SITUATED IN COOK COUNTY, ILLINOIS, LEGALLY DESCRIBED AS:

Lot 4 in Block 3 in Southlawn Highlands, a Subdivision of the North West Quarter (N.W. 1/4) of the South West Quarter (S.W. 1/4) (except that part taken for Stony Island Avenue in Cook County, Illinois, North Range 11, East of the Third Principal Meridian.

Permanent Real Estate Index Number(s): 20-36-308-021-0000  
Address(es) of Real Estate: 1647 East 84<sup>th</sup> Street, Chicago IL 60617

DATED this 10 day of June, 2010

  
Corene Lewis, Trustee (SEAL)

  
Charles Lewis, Trustee (SEAL)

COOK COUNTY Clerk's Office