



**CERTIFICATION OF DEATH RECORD**  
**UNOFFICIAL COPY**  
**COOK COUNTY CLERK VITAL RECORDS**

**CHICAGO, ILLINOIS**  
**MEDICAL CERTIFICATE OF DEATH**

STATE FILE NUMBER 2009 0044089

DATE ISSUED 07/21/2011

DECEDENT'S LEGAL NAME SANDRA ADAMS		SEX FEMALE	DATE OF DEATH JUNE 08, 2009	
COUNTY OF DEATH COOK	AGE AT LAST BIRTHDAY 69 YEARS	DATE OF BIRTH MAY 25, 1940		
CITY OR TOWN COUNTRY CLUB HILLS		HOSPITAL OR OTHER INSTITUTION NAME 18771 LORETTO		
PLACE OF DEATH DECEDENT'S HOME				
BIRTHPLACE CHICAGO, IL	SOCIAL SECURITY NUMBER 342-32-8186	MARITAL STATUS AT TIME OF DEATH MARRIED	SURVIVING SPOUSE'S NAME THOMAS ADAMS	EVER IN U.S. ARMED FORCES? NO
RESIDENCE 18771 LORETTO		APT. NO.	CITY OR TOWN COUNTRY CLUB HILLS	INSIDE CITY LIMITS? YES
COUNTY COOK	STATE IL	ZIP CODE 60478	FATHER'S NAME EDGAR YOUNGBLOOD	MOTHER'S NAME PRIOR TO FIRST MARRIAGE DOROTHY MORTON
INFORMANT'S NAME ANDREW LEAK		RELATIONSHIP ADMINISTRATOR	MAILING ADDRESS 7838 S COTTAGE GROVE, CHICAGO, IL, 60619	
METHOD OF DISPOSITION CREMATION	PLACE OF DISPOSITION LAKE CREMATORY	LOCATION - CITY OR TOWN AND STATE LAKE VILLA, IL	DATE OF DISPOSITION JUNE 24, 2009	
FUNERAL HOME LEAK AND SONS, 7838 SOUTH COTTAGE GROVE, CHICAGO, IL, 60619				
FUNERAL DIRECTOR'S NAME SPENCER LEAK SR			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 031007489	
LOCAL REGISTRAR'S NAME LEONARD J HINES			DATE FILED WITH LOCAL REGISTRAR JULY 2, 2009	
<b>CAUSE OF DEATH</b> PART I. METASTATIC LUNG CANCER				
IMMEDIATE CAUSE (Final disease or condition resulting in death)		a.	5 YEARS	
		b. METASTASIS TO BRAIN	2 YEARS	
		c. PLEURAL EFFUSION		
PART II: Enter other <i>significant conditions contributing to death</i> but not resulting in the underlying cause given in PART I. RESPIRATORY FAILURE				
DID TOBACCO USE CONTRIBUTE TO DEATH?			WAS AN AUTOPSY PERFORMED? NO	
FEMALE PREGNANCY STATUS NOT APPLICABLE			WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? N/A	
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? NO	DATE LAST SEEN ALIVE UNKNOWN	WAS MEDICAL EXAMINER OR CORONER CONTACTED? YES	DATE PRONOUNCED	TIME OF DEATH 08:48 AM
CERTIFIER PHYSICIAN			DATE CERTIFIED JUNE 23, 2009	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH JAYANTHA RAMADURAI, 4901 W 79TH ST, BURBANK, ILLINOIS			PHYSICIAN'S LICENSE NUMBER 036073809	

THE WORD VOID APPEARS WHEN PHOTOCOPIED

NOTE: FACILITY SECURITY HOLOGRAPHIC FOLDS AT BOTTOM

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.

*David Orr*  
David Orr  
Cook County Clerk



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

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