

FEBRUARY 9, 2006

STATE OF ILLINOIS
County of Cook

UNOFFICIAL COPY

DAVID ORR, County Clerk

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

STATE OF ILLINOIS MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER

DECEDENT'S BIRTH NO.	REGISTRATION DISTRICT NO. 16.0	REGISTERED NUMBER	
DECEASED NAME 1. Edward D Cunningham		SEX 2. Male	DATE OF DEATH (MONTH, DAY, YEAR) 3. February 3, 2006
COUNTY OF DEATH 4. Cook		AGE - LAST BIRTHDAY (YRS) 5a. 80	UNDER 1 YEAR 5b.
CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER 6a. Oak Lawn		HOSPITAL OR OTHER INSTITUTION - NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 6b. Advocate Christ Medical Center	DATE OF BIRTH (MONTH, DAY, YEAR) 5d. June 24, 1925
BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) 7. Beatrice AL		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 3a. Married	NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) 8b. Dessa Saulsby
SOCIAL SECURITY NUMBER 10. ██████████-4902		USUAL OCCUPATION 11a. Machinist	KIND OF BUSINESS OR INDUSTRY 11b. Harvester
RESIDENCE (STREET AND NUMBER) 13a. 10145 S Morgan		CITY, TOWN, TWP, OR ROAD DISTRICT NO. 13b. Chicago	EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) 12. 12
STATE 13e. Il		ZIP CODE 13f. 60643	INSIDE CITY (YES/NO) 13c. Yes
FATHER - NAME FIRST MIDDLE LAST 15. Ollia Cunningham		OF HISPANIC ORIGIN? (SPECIFY NO OR YES - IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.) 14b. <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES SPECIFY: 	WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO) 9. Yes
MOTHER - NAME FIRST MIDDLE LAST 16. Elsia Montgomery		MOTHER - NAME FIRST MIDDLE LAST (MAIDEN) LAST 16. Elsia Montgomery	WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO) 9. Yes
INFORMANT'S NAME (TYPE OR PRINT) 17a. Dessa Cunningham		RELATIONSHIP 17b. Wife	MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) 17c. 10145 S Morgan Chicago Il 60643
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) Respiratory failure from pneumonia and congestive heart failure			
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. (b) Sticoma			
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I. Cardiac arrhythmia			
DATE OF OPERATION, IF ANY 20a. 		MAJOR FINDINGS OF OPERATION 20b. 	IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? 20c. YES <input type="checkbox"/> NO <input type="checkbox"/>
(I (DID) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON 21a. 2/3/06		WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) 21b. No	HOUR OF DEATH 21c. 8:10 P. 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. 2/5/06	
22a. SIGNATURE <i>S. Chaudhry</i>		ILLINOIS LICENSE NUMBER 22d. 0R6085324	
NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) 22c. Samina Chaudhry, MD 5660 W 95th St, Oak Lawn, Il. 60453		NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) 22c. Samina Chaudhry, MD 5660 W 95th St, Oak Lawn, Il. 60453			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) 24a. Burial		CEMETERY OR CREMATORY - NAME 24b. Homewood Cemetery	LOCATION CITY OR TOWN STATE 24c. Homewood Ill
FUNERAL HOME 25a. Gatling's Chapel Inc 10133 S Halsted St Chicago Il 60628		DATE (MONTH, DAY, YEAR) 24d. 2-11-06	
FUNERAL DIRECTOR'S SIGNATURE 25b. <i>Amal K. Kim</i>		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 25c. 034-015665	
LOCAL REGISTRAR'S SIGNATURE 26a. <i>David Orr</i>		DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) 26b. FEB 09 2006	