

CERTIFICATION OF DEATH RECORD

UNOFFICIAL COPY

COOK COUNTY CLERK VITAL RECORDS
CHICAGO, ILLINOIS
MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER 2012 0093346

DATE ISSUED 12/20/2012

DECEDENT'S LEGAL NAME WHITNEY HALES		SEX MALE	DATE OF DEATH DECEMBER 10, 2012	
COUNTY OF DEATH COOK		AGE AT LAST BIRTHDAY 78 YEARS	DATE OF BIRTH JUNE 18, 1934	
CITY OR TOWN CHICAGO		HOSPITAL OR OTHER INSTITUTION NAME 7918 S AVALON		
PLACE OF DEATH DECEDENT'S HOME				
BIRTHPLACE HEIDELBERG, MS	SOCIAL SECURITY NUMBER 335-28-7067	STATUS AT TIME OF DEATH MARRIED	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME BEULAH MONCURE	EVER IN U.S. ARMED FORCES? YES
RESIDENCE 7918 S AVALON	APT. NO.	CITY OR TOWN CHICAGO	INSIDE CITY LIMITS? YES	
COUNTY COOK	STATE IL	ZIP CODE 60619	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION CECIL HALES	MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION CEALLIE UNAVAILABLE
INFORMANT'S NAME DENISE M THOMAS		RELATIONSHIP DAUGHTER	MAILING ADDRESS 7918 S AVALON, CHICAGO, IL, 60619	
METHOD OF DISPOSITION BURIAL	PLACE OF DISPOSITION RESTVALE CEMETERY	LOCATION - CITY OR TOWN AND STATE ALSIP, IL	DATE OF DISPOSITION DECEMBER 15, 2012	
FUNERAL HOME TAYLOR FUNERAL HOME LTD, 63 E 79TH STREET, CHICAGO, IL, 60619				
FUNERAL DIRECTOR'S NAME NICHOLAS B TAYLOR			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034011886	
LOCAL REGISTRAR'S NAME DAVID ORR			DATE FILED WITH LOCAL REGISTRAR DECEMBER 14, 2012	
CAUSE OF DEATH PART I. PANCREATIC CANCER				
IMMEDIATE CAUSE (Final disease or condition resulting in death)		a. _____ Due to (or as a consequence of):		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		b. _____ Due to (or as a consequence of):		
		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	
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? NO	DATE LAST SEEN ALIVE UNKNOWN	WAS MEDICAL EXAMINER OR CORONER CONTACTED? YES	DATE PRONOUNCED	TIME OF DEATH 04:55 AM
CERTIFIER PHYSICIAN			DATE CERTIFIED DECEMBER 13, 2012	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH MONICA MALEC, 833 W CHICAGO AVENUE, CHICAGO, ILLINOIS, 60642			PHYSICIAN'S LICENSE NUMBER 036090849	

THE WORD VOID APPEARS WHEN PHOTOCOPIED

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