

UNOFFICIAL COPY

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| REGISTRATION DISTRICT NO. 16.0 | | STATE OF ILLINOIS CERTIFICATE OF DEATH | |
| LOCAL FILE NUMBER | | STATE FILE NUMBER | |
| 1. DECEDENT'S LEGAL NAME (Include AKA's if any) (First, Middle, Last) <i>Raynard Johnson</i> | | 2. SEX <i>Male</i> | 3. DATE OF DEATH (Month/Day/Year) (Spell Month) <i>January 9, 2008</i> |
| 4. COUNTY OF DEATH <i>Cook</i> | 5a. AGE AT LAST BIRTHDAY (Years) <i>67</i> | 5b. UNDER 1 YEAR Months: _____ Days: _____ | 5c. UNDER 1 DAY Hours: _____ Minutes: _____ |
| 7a. CITY OR TOWN <i>Hazel Crest</i> | 7b. HOSPITAL OR OTHER INSTITUTION NAME (If not in either, give street and number) <i>South Suburban Hospital</i> | | |
| 7c. PLACE OF DEATH (Check only one: see instructions) | | IF DEATH OCCURRED IN A HOSPITAL <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Room/Outpatient <input type="checkbox"/> Dead on Arrival | |
| IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL <input type="checkbox"/> Hospice facility <input type="checkbox"/> Nursing Home/Long-term care facility <input type="checkbox"/> Decedent's home <input type="checkbox"/> Other (Specify): _____ | | 8. BIRTHPLACE (City and State or Foreign Country) <i>Chicago, IL.</i> | |
| 9. SOCIAL SECURITY NUMBER <i>331-34-6096</i> | 10. MARITAL STATUS AT TIME OF DEATH <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married but separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown | | 11. SURVIVING SPOUSE'S NAME (If wife, give full name prior to first marriage) <i>Betty Austin</i> |
| 12. EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | 13a. RESIDENCE (Street and Number) <i>138 East 148th Street</i> | |
| 13b. APT. NO. | 13c. CITY OR TOWN <i>Harvey</i> | 13d. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| 13e. COUNTY <i>Cook</i> | 13f. STATE <i>IL</i> | 13g. ZIP CODE <i>60426</i> | 14. FATHER'S NAME (First, Middle, Last) <i>Moses Brown</i> |
| 15. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last) <i>Clarise Johnson</i> | | 16a. INFORMANT'S NAME <i>Betty Johnson</i> | |
| 16b. RELATIONSHIP <i>Wife</i> | | 16c. MAILING ADDRESS (Street and No., City or Town, State, ZIP Code) <i>138 E. 148th Street Harvey, Illinois 60426</i> | |
| 17. METHOD OF DISPOSITION: <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Other (Specify): _____ | | 18. PLACE OF DISPOSITION (Name of cemetery, crematory, other) <i>Abraham Lincoln National Cemetery</i> | |
| 19. LOCATION - CITY, TOWN AND STATE <i>Elwood, Illinois</i> | | 20. DATE OF DISPOSITION (Month/Day/Year) <i>01-16-2008</i> | |
| 21a. FUNERAL HOME NAME <i>W. W. Holt Funeral Home</i> | | 21b. FUNERAL HOME STREET AND NUMBER <i>175 West 159th Street</i> | |
| 21c. FUNERAL HOME CITY OR TOWN <i>Harvey</i> | | 21d. FUNERAL HOME STATE <i>Illinois</i> | |
| 21e. FUNERAL HOME ZIP <i>60426</i> | | 21f. FUNERAL DIRECTOR'S SIGNATURE <i>W. W. Holt</i> | |
| 21g. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER <i>10992</i> | | 22. LOCAL REGISTRAR'S SIGNATURE <i>David Orr</i> | |
| 22. LOCAL REGISTRAR'S SIGNATURE | | 23. DATE FILED WITH LOCAL REGISTRAR (Month/Day/Year) <i>JAN 15 2008</i> | |
| 24. PART I. Enter the chain of events - diseases, injuries or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest or ventricular fibrillation without showing etiology. If the decedent had a dementia related disease, Parkinson's Disease, or Parkinson Dementia Complex, indicate in Part I or Part II. DO NOT ABBREVIATE. Enter only one cause on a line. Add additional lines if necessary. | | | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. <i>2nd-Stage Chronic obstructive</i> | | | |
| Due to (or as a consequence of): b. <i>RESPIRATORY FAILURE</i> | | | |
| Due to (or as a consequence of): c. _____ | | | |
| PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I. | | | 25. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 27. DID TOBACCO USE CONTRIBUTE TO DEATH? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown | | | 26. WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 28. IF FEMALE: <input type="checkbox"/> Not pregnant within past 12 months <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Pregnant within one year of death but time unknown <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past 12 months | | | 29. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be determined <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Pending investigation |
| 30. DATE OF INJURY (Month/Day/Year) | 31. TIME OF INJURY <input type="checkbox"/> A.M. <input type="checkbox"/> P.M. | 32. PLACE OF INJURY (e.g. decedent's home; construction site; restaurant; wooded area) | |
| 34. LOCATION OF INJURY Street and Number | | 33. INJURY AT WORK? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 34. LOCATION OF INJURY Apartment Number | | 34. LOCATION OF INJURY City or Town | |
| 34. LOCATION OF INJURY State | | 34. LOCATION OF INJURY ZIP Code | |
| 35. DESCRIBE HOW INJURY OCCURRED: | | | 36. IF TRANSPORTATION INJURY, SPECIFY: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify) |
| 37. I (DID) (DID NOT) ATTEND THE DECEASED (Month/Day/Year) AND LAST SAW HIM/HER ALIVE ON <i>01/09/08</i> | | 38. WAS MEDICAL EXAMINER OR CORONER CONTACTED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | 39. DATE PRONOUNCED (Month/Day/Year) |
| 40. TIME OF DEATH <i>5:00</i> <input checked="" type="checkbox"/> A.M. <input type="checkbox"/> P.M. | | 41. CERTIFIER (Check only one): <input checked="" type="checkbox"/> Physician in charge of patient's care - To the best of my knowledge, death occurred due to the cause(s) and manner stated. <input type="checkbox"/> Physician in attendance at time of death only - To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner stated. <input type="checkbox"/> Medical Examiner/Coroner - On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. | |
| 42. NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH (Item 24) <i>WADAR HUAN 2555 - S. King DR Chicago IL 60616</i> | | | 43. PHYSICIAN'S LICENSE NUMBER <i>036054081</i> |
| 44. TITLE OF CERTIFIER <i>MD</i> | | 45. DATE CERTIFIED (Month/Day/Year) <i>01/11/08</i> | 46. SIGNATURE OF CERTIFIER <i>WADAR HUAN</i> |

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

STATE OF ILLINOIS
County of Cook

JAN 15 2008

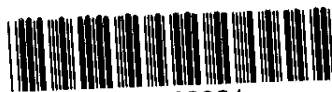
DAVID ORR, County Clerk

I, David Orr, County Clerk of the County of Cook, in the State of Illinois, and Keeper of the Records and Files of said County do hereby certify that the attached is the 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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