



CERTIFICATE OF VITAL RECORD

STATE OF ILLINOIS  
CERTIFICATE OF DEATH

STATE FILE NUMBER

REGISTRATION DISTRICT NO. <b>16-32</b>		LOCAL FILE NUMBER <b>468</b>		STATE FILE NUMBER	
1. DECEDENT'S LEGAL NAME (Include AKA's if any) (First, Middle, Last) <b>James A. Zeephat</b>			2. SEX <b>Male</b>	3. DATE OF DEATH (Month/Day/Year) (Spell Month) <b>July 10, 2009</b>	
4. COUNTY OF DEATH <b>Cook</b>	5a. AGE AT LAST BIRTHDAY (Years) <b>66</b>	5b. UNDER 1 YEAR Months Days	5c. UNDER 1 DAY Hours Minutes	6. DATE OF BIRTH (Month/Day/Year) <b>December 22, 1942</b>	
7a. CITY OR TOWN <b>Chicago Heights</b>		7b. HOSPITAL OR OTHER INSTITUTION NAME (If not in either, give street and number) <b>St. James Hospice</b>			
7c. PLACE OF DEATH (check only one; see instructions)					
IF DEATH OCCURRED IN A HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Room/Outpatient <input type="checkbox"/> Dead on Arrival			IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL <input checked="" 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) <b>Chicago, Ill.</b>	9. SOCIAL SECURITY NUMBER <b>[REDACTED]</b>	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) <b>Anna Burton</b>	12. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
13a. RESIDENCE (Street and Number) <b>19529 Lake Lynwood Dr.</b>		13b. APT. NO.	13c. CITY OR TOWN <b>Lynwood</b>	13d. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
13e. COUNTY <b>Cook</b>	13f. STATE <b>Ill.</b>	13g. ZIP CODE <b>60411</b>	14. FATHER'S NAME (First, Middle, Last) <b>Peter Zeephat</b>		15. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last) <b>Jeanette Cooper</b>
16a. INFORMANT'S NAME <b>Anna Zeephat</b>		16b. RELATIONSHIP <b>Wife</b>	16c. MAILING ADDRESS (Street and No., City or Town, State, ZIP Code) <b>19529 Lake Lynwood Dr. Lynwood, IL 60411</b>		
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) <b>Memorial Park Cemetery</b>		19. LOCATION - CITY, TOWN AND STATE <b>Galesburg, Illinois</b>	20. DATE OF DISPOSITION (Month/Day/Year) <b>July 14, 2009</b>
21a. FUNERAL HOME NAME <b>Rosemoor Funeral Home</b>		21b. FUNERAL HOME ADDRESS (Street and No., City or Town, State, ZIP Code) <b>17943 S. Torrence Ave. Lansing, Illinois 60438</b>		21c. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER <b>034-011734</b>	
22. LOCAL REGISTRAR'S SIGNATURE <i>Shel M. Taylor</i>		23. DATE FILED WITH LOCAL REGISTRAR (Month/Day/Year) <b>July 14, 2009</b>			
24. CAUSE OF DEATH (See instructions and examples) 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. <b>HEAD AND NECK CARCINOMA</b> Due to (or as a consequence of):					<b>UNKNOWN</b>
Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST					
b. _____ Due to (or as a consequence of):					
c. _____ Due to (or as a consequence of):					
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		26. WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> No			
27. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown	28. IF FEMALE: <input type="checkbox"/> Not pregnant within past 12 months <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death		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)		33. INJURY AT WORK? <input type="checkbox"/> Yes <input type="checkbox"/> No
34. LOCATION OF INJURY Street and Number Apartment Number City or Town State 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 <b>7-9-09</b>		38. WAS MEDICAL EXAMINER OR CORONER CONTACTED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	39. DATE PRONOUNCED (Month/Day/Year) <b>July 10, 2009</b>		40. TIME OF DEATH <b>4:10</b> <input checked="" type="checkbox"/> A.M. <input type="checkbox"/> P.M.
41. CERTIFIER (check only one): <input 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 checked="" 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) <b>Dr. R Chugh 30 E. 15th St. Chicago Heights, Illinois 60411</b>				43. PHYSICIAN'S LICENSE NUMBER <b>036-085688</b>	
44. TITLE OF CERTIFIER <b>Medical Doctor</b>		45. DATE CERTIFIED (Month/Day/Year) <b>July 13, 2009</b>	46. SIGNATURE OF CERTIFIER <i>[Signature]</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.

I HEREBY CERTIFY THAT THE FOREGOING IS A TRUE AND CORRECT COPY OF THE DEATH RECORD FOR THE ABOVE NAMED IN ITEM NO. 1 AND THAT THIS RECORD WAS ESTABLISHED AND FILED IN MY OFFICE IN ACCORDANCE WITH THE PROVISIONS OF THE ILLINOIS STATUTES RELATING TO THE REGISTRATION OF BIRTHS, STILLBIRTHS, AND DEATHS.

DATE: **Jul 14 2009**

SIGNED: *[Signature]*

AT: **CHICAGO HEIGHTS, IL 60411**

TITLE: **LOCAL REGISTRAR**

Birthplate

# UNOFFICIAL COPY

LOT 59 IN LAKE LYNWOOD UNIT NO. 2, BEING A SUBDIVISION OF PART OF SECTION 7, TOWNSHIP 35 NORTH, RANGE 15, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

19529 Lake Lynwood Drive  
Lynwood, IL 60411

Property Index Number:  
33-07-105-036-0000

Property of Cook County Clerk's Office