

CERTIFICATION OF DEATH RECORD

UNOFFICIAL COPY

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

STATE FILE NUMBER 2012 0073639

DATE ISSUED 10/4/2012

| | | | | | | |
|---|---------------------------------|---|---|---|---|-----------|
| DECEDENT'S LEGAL NAME CAROL LYDECKER DWYER | | | | SEX FEMALE | DATE OF DEATH OCTOBER 02, 2012 | |
| COUNTY OF DEATH COOK | | AGE AT LAST BIRTHDAY 57 YEARS | | DATE OF BIRTH MAY 10, 1955 | | |
| CITY OR TOWN FOREST PARK | | | HOSPITAL OR OTHER INSTITUTION NAME 1049 DUNLOP AVENUE | | | |
| PLACE OF DEATH DECEDENT'S HOME | | | | | | |
| BIRTHPLACE NEW YORK, NY | | SOCIAL SECURITY NUMBER 335-52-9898 | STATUS AT TIME OF DEATH MARRIED | | SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME WILLIAM DWYER | |
| RESIDENCE 1049 DUNLOP AVENUE | | APT. NO. | CITY OR TOWN FOREST PARK | | INSIDE CITY LIMITS? YES | |
| COUNTY COOK | STATE IL | ZIP CODE 60130 | FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION KENNETH LYDECKER | | MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION VIRGINIA WEIGOLD | |
| INFORMANT'S NAME WILLIAM DWYER | | RELATIONSHIP HUSBAND | | MAILING ADDRESS 1049 DUNLOP AVENUE, FOREST PARK, IL, 60130 | | |
| METHOD OF DISPOSITION CREMATION | | PLACE OF DISPOSITION FOREST CREMATORY | | LOCATION - CITY OR TOWN AND STATE ROMEVILLE, IL | DATE OF DISPOSITION OCTOBER 04, 2012 | |
| FUNERAL HOME CREMATION SOCIETY OF ILLINOIS - EDISON PARK, 6471 NORTHWEST HIGHWAY, CHICAGO, IL, 60631 | | | | | | |
| FUNERAL DIRECTOR'S NAME SUSAN WINKELSTEIN | | | | FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034011533 | | |
| LOCAL REGISTRAR'S NAME DAVID ORR | | | | DATE FILED WITH LOCAL REGISTRAR OCTOBER 4, 2012 | | |
| CAUSE OF DEATH PART I. METASTATIC ANAL CANCER | | | | | | |
| IMMEDIATE CAUSE (Final disease or condition resulting in death) | | a. _____ Due to (or as a consequence of): | | | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH | 30 MONTHS |
| | | 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 PREGNANT WITHIN LAST YEAR | | | | 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? NO | | DATE PRONOUNCED | TIME OF DEATH 12:55 AM | |
| CERTIFIER PHYSICIAN | | | | DATE CERTIFIED OCTOBER 03, 2012 | | |
| NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH REGINA STEIN, 676 N ST CLAIR, CHICAGO, ILLINOIS, 60611 | | | | PHYSICIAN'S LICENSE NUMBER 036111761 | | |

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