



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

STATE FILE NUMBER 2013 0094726

DATE ISSUED 12/18/2013

DECEDENT'S LEGAL NAME MICHAEL GREGORY ALLISON			SEX MALE	DATE OF DEATH DECEMBER 10, 2013	
COUNTY OF DEATH COOK		AGE AT LAST BIRTHDAY 70 YEARS		DATE OF BIRTH NOVEMBER 06, 1943	
CITY OR TOWN CHICAGO			HOSPITAL OR OTHER INSTITUTION NAME 256 WEST SWANN STREET		
PLACE OF DEATH DECEDENT'S HOME					
BIRTHPLACE CHICAGO, IL		SOCIAL SECURITY NUMBER 324-36-4636	STATUS AT TIME OF DEATH MARRIED	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME BEVERLY JEAN NEWBY	EVER IN U.S. ARMED FORCES? NO
RESIDENCE 256 WEST SWANN STREET			APT. NO.	CITY OR TOWN CHICAGO	INSIDE CITY LIMITS? YES
COUNTY COOK	STATE IL	ZIP CODE 60609	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION ALBERT ALLISON		MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION DOROTHY GRAY
INFORMANT'S NAME BEVERLY JEAN ALLISON		RELATIONSHIP WIFE		MAILING ADDRESS 256 WEST SWANN STREET, CHICAGO, IL, 60609	
METHOD OF DISPOSITION CREMATION		PLACE OF DISPOSITION THE LAKES CREMATORY		LOCATION - CITY OR TOWN AND STATE LAKE VILLA, IL	DATE OF DISPOSITION DECEMBER 17, 2013
FUNERAL HOME GREAT LAKES CREMATION SOCIETY, 445 WEST IRVING PARK ROAD, CHICAGO, IL, 60641					
FUNERAL DIRECTOR'S NAME IRVING R SYMONDS III				FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034012248	
LOCAL REGISTRAR'S NAME DAVID ORR				DATE FILED WITH LOCAL REGISTRAR DECEMBER 17, 2013	
<b>CAUSE OF DEATH</b> PART I. ADENOCARCINOMA (CANCER) OF UNCLLEAR PRIMARY					
IMMEDIATE CAUSE (Final disease or condition resulting in death)		a. _____ Due to (or as a consequence of)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	4 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 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? YES	DATE LAST SEEN ALIVE OCTOBER 23, 2013	WAS MEDICAL EXAMINER OR CORONER CONTACTED? NO		DATE PRONOUNCED	TIME OF DEATH 10:31 PM
CERTIFIER PHYSICIAN				DATE CERTIFIED DECEMBER 12, 2013	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH MANISH SHARMA MD, 5841 SOUTH MARYLAND AVENUE, MC 2115, CHICAGO, ILLINOIS, 60637					PHYSICIAN'S LICENSE NUMBER 036124310



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**