

UNOFFICIAL COPY

SM CORPORATION
CERTIFICATE OF VITAL RECORD

001/001

REGISTRATION DISTRICT NO. 16.0		STATE OF ILLINOIS CERTIFICATE OF DEATH				STATE FILE NUMBER
LOCAL FILE NUMBER		1. DECEASED'S LEGAL NAME (include AKA's if any) (First, Middle, Last) Ping K. Leung		2. SEX Female	3. DATE OF DEATH (Month/Day/Year) (Spell Month) November 06, 2008	
4. COUNTY OF DEATH Cook		5a. AGE AT LAST BIRTHDAY (Years) 55	5b. UNDER 1 YEAR Months Days	5c. UNDER 1 DAY Hours Minutes	6. DATE OF BIRTH (Month/Day/Year) December 20, 1952	
7a. CITY OR TOWN Park Ridge, IL		7b. HOSPITAL OR OTHER INSTITUTION NAME (If not in Illinois, give street address) Advocate Lutheran General Hospital, 4775 Dempster, Park Ridge, IL 60068				
8. BIRTHPLACE (City and State or Foreign Country) China		9. SOCIAL SECURITY NUMBER		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		
11a. RESIDENCE (Street and Number) 6224 N. Troy		13b. APT. NO.		13c. CITY OR TOWN Chicago		13d. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
11b. CITY Cook		13e. STATE IL		13f. ZIP CODE 60659		14. FATHER'S NAME (First, Middle, Last) Sam You Mark
11c. MARRIAGE(S) NAME Chung Sum Leung		16a. RELATIONSHIP Husband		16b. MAILING ADDRESS (Street and No., City or Town, State, ZIP Code) 6224 N. Troy, Chicago, Illinois 60659		15. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last) Yee Yau Chan
17. METHOD OF DISPOSITION <input type="checkbox"/> Cremated <input type="checkbox"/> Buried <input type="checkbox"/> Entombed <input type="checkbox"/> Other (Specify)		18. PLACE OF DISPOSITION (Name of cemetery, crematory, other)		19. LOCATION - CITY, TOWN AND STATE Stickney, Illinois		
21a. FUNERAL HOME NAME Dalcamo		STREET AND NUMBER 470 West 26th Street		CITY OR TOWN Chicago, Illinois		STATE Illinois
21b. FUNERAL DIRECTOR'S SIGNATURE <i>[Signature]</i>		21c. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 34-010588		23. DATE FILED WITH LOCAL REGISTRAR (Month/Day/Year) NOV 10 2008		
22. LOCAL REGISTRAR'S SIGNATURE <i>[Signature]</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 checked="" type="checkbox"/> No		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				
CAUSE OF DEATH (See instructions and examples) 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 cause. 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 4-line. Add additional lines if necessary.						
IMMEDIATE CAUSE (Final disease or condition resulting in death) Lung Cancer		Due to (or as a consequence of):		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
Sequentially list conditions, if any, leading to the cause listed on line a.		Due to (or as a consequence of):				
Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST		Due to (or as a consequence of):				
PART II: Enter other significant conditions contributing to death but not resulting in the underlying cause. Give a PART I.						
27. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No		28. IF FEMALE: <input checked="" 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. PREGNANT AT TIME OF DEATH: <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Pregnant within one year of death, but time unknown <input type="checkbox"/> Unknown if pregnant within the same year		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 checked="" type="checkbox"/> No		
34. LOCATION OF INJURY (Street and Number)		Apartment Number		City or Town		State ZIP Code
85. DESCRIBE HOW INJURY OCCURRED:						
37. (If not did not) ATTEND THE DECEASED (Month/Day/Year)		38. WAS MEDICAL EXAMINER OR CORONER CONTACTED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		39. DATE PRONOUNCED (Month/Day/Year) 11/06/08		40. TIME OF DEATH 12:58 <input type="checkbox"/> A.M. <input checked="" 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 declared 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) 250 West Kensington Mt Gommers MD		43. PHYSICIAN'S LICENSE NUMBER 036 119 123		
44. TITLE OF CERTIFIER M.D.		45. DATE CERTIFIED (Month/Day/Year) 11/6/08		46. SIGNATURE OF CERTIFIER <i>[Signature]</i>		

Illinois Department of Public Health - Division of Vital Records
VR200 (Rev. 7/08)

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

DAVID ORR, County Clerk

November 10, 2008

I, David Orr, County Clerk of the County of Cook, in the State aforesaid, 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 J. Orr
COUNTY CLERK