

UNOFFICIAL COPY

CERTIFICATION OF DEATH RECORD

CHICAGO, ILLINOIS MEDICAL CERTIFICATE OF DEATH

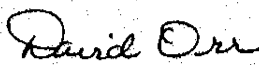
STATE FILE NUMBER 2009 0083362

DATE ISSUED 11/20/2009

DECEDENT'S LEGAL NAME SUSITA KANIUK		SEX FEMALE	DATE OF DEATH NOVEMBER 15, 2009	
COUNTY OF DEATH COOK	AGE AT LAST BIRTHDAY 46 YEARS	DATE OF BIRTH AUGUST 24, 1963		
CITY OR TOWN CHICAGO		HOSPITAL OR OTHER INSTITUTION NAME HOLY CROSS HOSPITAL		
PLACE OF DEATH HOSPICE FACILITY				
BIRTHPLACE PHILIPPINES	SOCIAL SECURITY NUMBER 350-96-1521	MARITAL STATUS AT TIME OF DEATH MARRIED	SURVIVING SPOUSE'S NAME GARY KANIUK	EVER IN U.S. ARMED FORCES? NO
RESIDENCE 10206 KEDVALE AVE		APT. NO.	CITY OR TOWN OAK LAWN	INSIDE CITY LIMITS? YES
COUNTY COOK	STATE IL	ZIP CODE 60453	FATHER'S NAME JESUS MEDEL	MOTHER'S NAME PRIOR TO FIRST MARRIAGE NA PAGTALUNAN
INFORMANT'S NAME GARY KANIUK		RELATIONSHIP HUSBAND	MAILING ADDRESS 10206 KEDVALE AVE, OAK LAWN, IL, 60453	
METHOD OF DISPOSITION CREMATION	PLACE OF DISPOSITION HEIGHTS CREMATORY	LOCATION - CITY OR TOWN AND STATE CHICAGO HEIGHTS, IL	DATE OF DISPOSITION NOVEMBER 19, 2009	
FUNERAL HOME AMERICAN CREMATION ASSOCIATION INC., 230 E. 11TH ST., CHICAGO HEIGHTS, IL, 60411				
FUNERAL DIRECTOR'S NAME BRETT R MORELAND			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034014588	
LOCAL REGISTRAR'S NAME DAVID ORR			DATE FILED WITH LOCAL REGISTRAR NOVEMBER 17, 2009	
CAUSE OF DEATH PART I. BREAST CANCER				
IMMEDIATE CAUSE (Final disease or condition resulting in death)		a.	Due to (or as a consequence of):	
		b.	Due to (or as a consequence of):	
		c.	Due to (or as a consequence of):	
			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	
DID TOBACCO USE CONTRIBUTE TO DEATH? UNKNOWN			MANNER OF DEATH NATURAL	
FEMALE PREGNANCY STATUS UNKNOWN			INJURY AT WORK?	
DATE OF INJURY			TIME OF INJURY	PLACE OF INJURY
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 03:50 AM
CERTIFIER PHYSICIAN			DATE CERTIFIED NOVEMBER 16, 2009	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH SANJAY AMIN, 606 POTTER RD, DES PLAINES, ILLINOIS, 60016			PHYSICIAN'S LICENSE NUMBER 036987155	



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


 David Orr
 Cook County Clerk



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE