

CERTIFICATION OF DEATH RECORD

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

STATE FILE NUMBER 2011 0046463

DATE ISSUED 06/22/2011

DECEDENT'S LEGAL NAME EMMANUEL ESPINO LITAO		SEX MALE	DATE OF DEATH JUNE 18, 2011																		
COUNTY OF DEATH COOK	AGE AT LAST BIRTHDAY 65 YEARS	DATE OF BIRTH MARCH 29, 1946																			
CITY OR TOWN CHICAGO	HOSPITAL OR OTHER INSTITUTION NAME 8631 W WILSON																				
PLACE OF DEATH DECEDENT'S HOME																					
BIRTHPLACE PHILIPPINES	SOCIAL SECURITY NUMBER -5872	MARITAL STATUS AT TIME OF DEATH MARRIED	SURVIVING SPOUSE'S NAME FLODELIZA DE JESUS	EVER IN U.S. ARMED FORCES? YES																	
RESIDENCE 8631 W WILSON	APT. NO.	CITY OR TOWN CHICAGO	INSIDE CITY LIMITS? YES																		
COUNTY COOK	STATE IL	ZIP CODE 60656	FATHER'S NAME MANOLITO LITAO	MOTHER'S NAME PRIOR TO FIRST MARRIAGE AVELINA UNAVAILABLE																	
INFORMANT'S NAME FLODELIZA LITAO	RELATIONSHIP WIFE		MAILING ADDRESS 8631 W WILSON, CHICAGO, IL, 60656																		
METHOD OF DISPOSITION CREMATION	PLACE OF DISPOSITION ACACIA PARK CEMETERY	LOCATION - CITY OR TOWN AND STATE CHICAGO, IL	DATE OF DISPOSITION JUNE 22, 2011																		
FUNERAL HOME CUMBERLAND CHAPELS, 8300 W LAWRENCE AVE, NORRIDGE, IL, 60706																					
FUNERAL DIRECTOR'S NAME LOUIS A MARTINO			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 031008880																		
LOCAL REGISTRAR'S NAME DAVID ORR			DATE FILED WITH LOCAL REGISTRAR JUNE 22, 2011																		
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">CAUSE OF DEATH</td> <td style="width: 10%;">PART I:</td> <td style="width: 55%;">METASTATIC ADENOCARCINOMA OF THE APPENDIX</td> <td rowspan="4" style="width: 10%; text-align: center; vertical-align: middle;">APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH</td> <td style="width: 10%; text-align: center;">FOUR YEARS</td> </tr> <tr> <td>IMMEDIATE CAUSE <small>(Final disease or condition resulting in death)</small></td> <td>a.</td> <td>Due to (or as a consequence of)</td> <td></td> </tr> <tr> <td></td> <td>b.</td> <td>Due to (or as a consequence of)</td> <td></td> </tr> <tr> <td></td> <td>c.</td> <td>Due to (or as a consequence of)</td> <td></td> </tr> </table>					CAUSE OF DEATH	PART I:	METASTATIC ADENOCARCINOMA OF THE APPENDIX	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	FOUR YEARS	IMMEDIATE CAUSE <small>(Final disease or condition resulting in death)</small>	a.	Due to (or as a consequence of)			b.	Due to (or as a consequence of)			c.	Due to (or as a consequence of)	
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	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																		
DID TOBACCO USE CONTRIBUTE TO DEATH?	FEMALE PREGNANCY STATUS		MANNER OF DEATH																		
	NOT APPLICABLE		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 MAY 18, 2011	WAS MEDICAL EXAMINER OR CORONER CONTACTED? NO	DATE PRONOUNCED	TIME OF DEATH 12:25 AM																	
CERTIFIER PHYSICIAN			DATE CERTIFIED JUNE 21, 2011																		
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH JOANNA LYNN MARTIN, 833 W CHICAGO AVE, 3RD FLOOR, CHICAGO, IL, 60642			PHYSICIAN'S LICENSE NUMBER 036110886																		

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