

UNOFFICIAL COPY

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

STATE FILE NUMBER 2015 0052585

DATE ISSUED 7/6/2015

DECEDENT'S LEGAL NAME DANIEL LEE ALLEN		SEX MALE	DATE OF DEATH JUNE 28, 2015	
COUNTY OF DEATH COOK	AGE AT LAST BIRTHDAY 64 YEARS	DATE OF BIRTH AUGUST 28, 1950		
CITY OR TOWN CHICAGO	HOSPITAL OR OTHER INSTITUTION NAME KINDRED HOSPITAL CHICAGO CENTRAL			
PLACE OF DEATH INPATIENT				
BIRTHPLACE CHICAGO, IL	SOCIAL SECURITY NUMBER 322-44-7231	STATUS AT TIME OF DEATH MARRIED	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME MARGARET B BECK	EVER IN U.S. ARMED FORCES? YES
RESIDENCE 124 GRAYMOOR LANE	APT. NO.	CITY OR TOWN OLYMPIA FIELDS	INSIDE CITY LIMITS? YES	
COUNTY COOK	STATE IL	ZIP CODE 60461	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION ROBERT ALLEN	MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION MINNIE SMITH
INFORMANT'S NAME MARGARET B ALLEN		RELATIONSHIP WIFE	MAILING ADDRESS 124 GARYMOOR LANE, OLYMPIA FIELDS, IL, 60461	
METHOD OF DISPOSITION BURIAL	PLACE OF DISPOSITION RESTVALE CEMETERY	LOCATION - CITY OR TOWN AND STATE ALSIP, IL	DATE OF DISPOSITION JULY 06, 2015	
FUNERAL HOME LEAK AND SONS, 7838 SOUTH COTTAGE GROVE, CHICAGO, IL, 60619				
FUNERAL DIRECTOR'S NAME SPENCER LEAK SR			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 031007489	
LOCAL REGISTRAR'S NAME DAVID ORR			DATE FILED WITH LOCAL REGISTRAR JULY 6, 2015	
CAUSE OF DEATH				
PART I. CARDIAC ARRHYTHMIA				
IMMEDIATE CAUSE (Final disease or condition resulting in death)				
a. _____ Due to (or as a consequence of):				
b. ASPIRATION PNEUMONIA				
_____ Due to (or as a consequence of):				
c. SEVERE CARDIOMYOPATHY				
_____ 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 JUNE 21, 2015	WAS MEDICAL EXAMINER OR CORONER CONTACTED? NO	DATE PRONOUNCED	TIME OF DEATH 11:44 AM
CERTIFIER PHYSICIAN			DATE CERTIFIED JUNE 29, 2015	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH MAHER NAJJAR MD, 365 E NORTH AVE, NORTH LAKE, ILLINOIS, 60164			PHYSICIAN'S LICENSE NUMBER 036091513	

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

THE WORD VOID APPEARS WHEN PHOTOCOPIED

NOT EMBOSSED STATE AND COUNTY SEALS AT BOTTOM