



# UNOFFICIAL COPY

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

STATE FILE NUMBER 2016 0027711

DATE ISSUED 4/8/2016

DECEDENT'S LEGAL NAME CAROLÉ J HURT			SEX FEMALE	DATE OF DEATH APRIL 01, 2016	
COUNTY OF DEATH COOK		AGE AT LAST BIRTHDAY 77 YEARS	DATE OF BIRTH JULY 06, 1938		
CITY OR TOWN PALOS HEIGHTS		HOSPITAL OR OTHER INSTITUTION NAME PALOS COMMUNITY HOSPITAL			
PLACE OF DEATH INPATIENT					
BIRTHPLACE CHICAGO, IL	SOCIAL SECURITY NUMBER 348-30-5546	STATUS AT TIME OF DEATH MARRIED		SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME WILLIAM HURT	EVER IN U.S. ARMED FORCES? NO
RESIDENCE 14383 PINWOOD DRIVE		APT. NO.	CITY OR TOWN ORLAND PARK		INSIDE CITY LIMITS? YES
COUNTY COOK	STATE IL	ZIP CODE 60467	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION OTTO BALEJ		MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION LILLIAN TITLOWSKI
INFORMANT'S NAME WILLIAM HURT		RELATIONSHIP HUSBAND		MAILING ADDRESS 14383 PINWOOD DRIVE, ORLAND PARK, IL, 60467	
METHOD OF DISPOSITION CREMATION		PLACE OF DISPOSITION MAPLE LAKES CREMATORIUM		LOCATION - CITY OR TOWN AND STATE JUSTICE, IL	DATE OF DISPOSITION APRIL 07, 2016
FUNERAL HOME R J MODELL F H/HOMER GLEN, 12641 W 13RD ST, HOMER GLEN, IL, 60491					
FUNERAL DIRECTOR'S NAME RICHARD JAMES MODELSKI				FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034011510	
LOCAL REGISTRAR'S NAME DAVID ORR				DATE FILED WITH LOCAL REGISTRAR APRIL 7, 2016	
CAUSE OF DEATH IMMEDIATE CAUSE <small>(Final disease or condition resulting in death)</small>		PART I. FLUID OVERLOAD FROM CIRRHOSIS <small>Due to (or as a consequence of):</small>			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		Due to (or as a consequence of):			
		Due to (or as a consequence of):			
PART II. Enter other significant conditions contributing to death 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 ON INJURY, SPECIFY	
ATTEND THE DECEASED? NO	DATE LAST SEEN ALIVE UNKNOWN	WAS MEDICAL EXAMINER OR CORONER CONTACTED? NO		DATE PRONOUNCED	TIME OF DEATH 05:13 PM
CERTIFIER PHYSICIAN				DATE CERTIFIED APRIL 04, 2016	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH WASIF SHIRAZI, 12150 S HARLEM AVENUE, PALOS HEIGHTS, ILLINOIS, 60463				PHYSICIAN'S LICENSE NUMBER 036099502	

THE WORD VOID APPEARS WHEN PHOTO COPIED

NOT REEMBOSSED IN ALL COUNTIES AS A BOTTOM



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

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