



# UNOFFICIAL COPY

**Legal Description**

**Property Address: 1065 W. 108th Place, Chicago, IL 60643**

**PIN No.: 25-17-407-018-0000**

Lot 52 in Merlo's Resubdivision of parts of Blocks certain Lots and Vacated Streets and Valley in the West 1/2 of the Southeast 1/4 of Section 17, Township 37, Range 14, East of the Third Principal Meridian in Cook County, Illinois, according to the Plat of said Merlo's Resubdivision, registered in the Office of Registrar of Titles of Cook County, Illinois on August 20, 1959 as Document Number 1881139.

Property of Cook County Clerk's Office

# CERTIFICATION OF DEATH RECORD

## UNOFFICIAL COPY

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

STATE FILE NUMBER 2016 0034215

DATE ISSUED 5/4/2016

DECEDENT'S LEGAL NAME ELAINE ROWAN			SEX FEMALE	DATE OF DEATH APRIL 25, 2016																							
COUNTY OF DEATH COOK	AGE AT LAST BIRTHDAY 73 YEARS	DATE OF BIRTH NOVEMBER 06, 1942																									
CITY OR TOWN OAK LAWN		HOSPITAL OR OTHER INSTITUTION NAME ADVOCATE CHRIST MEDICAL CENTER																									
PLACE OF DEATH INPATIENT																											
BIRTHPLACE CARTHAGE, MS	SOCIAL SECURITY NUMBER [REDACTED] 3258	STATUS AT TIME OF DEATH MARRIED	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME JOSEPH ROWAN		EVER IN U.S. ARMED FORCES? NO																						
RESIDENCE 1065 W 108TH PLACE	APT. NO.	CITY OR TOWN CHICAGO		INSIDE CITY LIMITS? YES																							
COUNTY COOK	STATE IL	ZIP CODE 60643	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION WADDIE GEE		MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION ELNORA STEVENS																						
INFORMANT'S NAME JOSEPH ROWAN		RELATIONSHIP HUSBAND	MAILING ADDRESS 1065 W 108TH PLACE, CHICAGO, IL, 60643																								
METHOD OF DISPOSITION BURIAL	PLACE OF DISPOSITION LINCOLN CEMETERY	LOCATION - CITY OR TOWN AND STATE CHICAGO, IL		DATE OF DISPOSITION MAY 02, 2016																							
FUNERAL HOME GATLING'S CHAPEL INC, 10133 S HALSTED ST, CHICAGO, IL, 60628																											
FUNERAL DIRECTOR'S NAME FELICIA L HUNTER			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034015100																								
LOCAL REGISTRAR'S NAME DAVID ORR			DATE FILED WITH LOCAL REGISTRAR APRIL 29, 2016																								
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td rowspan="4" style="width: 15%; vertical-align: top;"> <b>CAUSE OF DEATH</b>                      IMMEDIATE CAUSE  <small>(Final disease or condition resulting in death)</small> </td> <td style="width: 15%;">PART I</td> <td style="width: 45%;">CARDIOGENIC SHOCK</td> <td rowspan="4" style="width: 10%; text-align: center; vertical-align: middle;">                     APPROXIMATE                      INTERVAL BETWEEN                      ONSET AND DEATH                 </td> <td style="width: 25%; text-align: center;">24 HOURS</td> </tr> <tr> <td colspan="2">Due to (or as a consequence of):</td> <td></td> </tr> <tr> <td colspan="2">b CONGESTIVE HEART FAILURE</td> <td></td> </tr> <tr> <td colspan="2">Due to (or as a consequence of):</td> <td></td> </tr> <tr> <td colspan="2">c END STAGE RENAL DISEASE</td> <td></td> <td></td> </tr> <tr> <td colspan="2">Due to (or as a consequence of):</td> <td></td> <td></td> </tr> </table>						<b>CAUSE OF DEATH</b> IMMEDIATE CAUSE <small>(Final disease or condition resulting in death)</small>	PART I	CARDIOGENIC SHOCK	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	24 HOURS	Due to (or as a consequence of):			b CONGESTIVE HEART FAILURE			Due to (or as a consequence of):			c END STAGE RENAL DISEASE				Due to (or as a consequence of):			
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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 PREGNANT WITHIN LAST YEAR				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 APRIL 24, 2016	WAS MEDICAL EXAMINER OR CORONER CONTACTED? NO		DATE PRONOUNCED	TIME OF DEATH 12:13 AM																							
CERTIFIER PHYSICIAN				DATE CERTIFIED APRIL 25, 2016																							
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH WYETH JORDAN MD, 4441 W 95TH STREET, OAK LAWN, ILLINOIS, 60453				PHYSICIAN'S LICENSE NUMBER 036134726																							

THE WORD VOID APPEARS WHEN PHOTOCOPIED

NOTE: EMBOSSED STATE AND COUNTY SEALS AT 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  
 Cook County Clerk

