

UNOFFICIAL COPY

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

STATE FILE NUMBER 2015 0090200

DATE ISSUED 11/18/2015

DECEDENT'S LEGAL NAME VIRGINIA LYNNE HENRY		SEX FEMALE	DATE OF DEATH NOVEMBER 16, 2015	
COUNTY OF DEATH COOK	AGE AT LAST BIRTHDAY 74 YEARS	DATE OF BIRTH FEBRUARY 13, 1941		
CITY OR TOWN PALOS HEIGHTS		HOSPITAL OR OTHER INSTITUTION NAME PALOS COMMUNITY HOSPITAL		
PLACE OF DEATH INPATIENT				
BIRTHPLACE CHICAGO, IL	SOCIAL SECURITY NUMBER [REDACTED]	STATUS AT TIME OF DEATH MARRIED	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME ROBERT LOUIS HENRY	EVER IN U.S. ARMED FORCES? NO
RESIDENCE 9009 OAKWOOD DRIVE	APT. NO.	CITY OR TOWN HICKORY HILLS	INSIDE CITY LIMITS? YES	
COUNTY COOK	STATE IL	ZIP CODE 60457	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION HOWARD C HANSEN	MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION MYRTLE STOECKIG
INFORMANT'S NAME ROBERT LOUIS HENRY		RELATIONSHIP HUSBAND	MAILING ADDRESS 9009 OAKWOOD DRIVE, HICKORY HILLS, IL, 60457	
METHOD OF DISPOSITION CREMATION	PLACE OF DISPOSITION MAPLE LAKES CREMATORIUM	LOCATION - CITY OR TOWN AND STATE JUSTICE, IL	DATE OF DISPOSITION NOVEMBER 20, 2015	
FUNERAL HOME ORRICO KOURELIS FUNERAL SERVICES, INC, 607 LENOX STREET, NEW LENOX, IL, 60451				
FUNERAL DIRECTOR'S NAME MICHAEL JOSEPH ORRICO			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034014710	
LOCAL REGISTRAR'S NAME DAVID ORR			DATE FILED WITH LOCAL REGISTRAR NOVEMBER 18, 2015	
CAUSE OF DEATH PART I. CARDIORESPIRATORY & RENAL FAILURE				
IMMEDIATE CAUSE (Final disease or condition resulting in death)				
a. CONGESTIVE HEART FAILURE				
Due to (or as a consequence of):				
b. [REDACTED]				
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.				
DIABETES MELLITUS			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 NOVEMBER 16, 2015	WAS MEDICAL EXAMINER OR CORONER CONTACTED? NO	DATE PRONOUNCED	TIME OF DEATH 09:30 AM
CERTIFIER PHYSICIAN			DATE CERTIFIED NOVEMBER 17, 2015	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH ZULFIQAR RIZVI, 6450 WEST COLLEGE DRIVE, PALOS HEIGHTS, ILLINOIS, 60463			PHYSICIAN'S LICENSE NUMBER 036049644	

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
David Orr
Cook County Clerk

