



# CERTIFICATION OF DEATH RECORD

## UNOFFICIAL COPY

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

STATE FILE NUMBER 2017.0082352


DATE ISSUED: 10/18/2017

DECEDENT'S LEGAL NAME MICHAEL ROBERT FERGUSON		SEX MALE	DATE OF DEATH OCTOBER 13, 2017															
COUNTY OF DEATH COOK	AGE AT LAST BIRTHDAY 71 YEARS	DATE OF BIRTH APRIL 24, 1946																
CITY OR TOWN EVERGREEN PARK		HOSPITAL OR OTHER INSTITUTION NAME LITTLE COMPANY OF MARY HOSPITAL																
PLACE OF DEATH INPATIENT																		
BIRTHPLACE CHICAGO, IL	SOCIAL SECURITY NUMBER [REDACTED]-3534	STATUS AT TIME OF DEATH MARRIED	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME KAREN CALLAGHAN	EVER IN U.S. ARMED FORCES? YES														
RESIDENCE 13310 SOUTH COUNTRY CLUB COURT	APT. NO.	CITY OR TOWN PALOS HEIGHTS	INSIDE CITY LIMITS? YES															
COUNTY COOK	STATE IL	ZIP CODE 60463	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION DUNCAN FERGUSON	MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION HELEN DYSON														
INFORMANT'S NAME KAREN FERGUSON		RELATIONSHIP WIFE	MAILING ADDRESS 13310 SOUTH COUNTRY CLUB COURT, PALOS HEIGHTS, IL, 60463															
METHOD OF DISPOSITION CREMATION	PLACE OF DISPOSITION WOODLAWN CREMATORY	LOCATION: CITY OR TOWN AND STATE FOREST PARK, IL	DATE OF DISPOSITION OCTOBER 18, 2017															
FUNERAL HOME BLAKE LAMB FUNERAL HOME, 4727 WEST 102RD STREET, OAK LAWN, IL, 60453																		
FUNERAL DIRECTOR'S NAME JAMES WILLIAM SMITH			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034017017															
LOCAL REGISTRAR'S NAME KELLY A KUZLIK			DATE FILED WITH LOCAL REGISTRAR OCTOBER 17, 2017															
<table border="0" style="width: 100%;"> <tr> <td style="width: 15%;">CAUSE OF DEATH</td> <td style="width: 10%;">PART I</td> <td style="width: 55%;">SEPSIS</td> <td rowspan="4" style="width: 10%; text-align: center; vertical-align: middle;">APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH</td> <td rowspan="4" style="width: 5%;"></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> </tr> <tr> <td></td> <td>b</td> <td>CLOSTRIDIUM DIFFICILE COLITIS</td> </tr> <tr> <td></td> <td>c</td> <td>Due to (or as a consequence of)</td> </tr> </table>					CAUSE OF DEATH	PART I	SEPSIS	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		IMMEDIATE CAUSE <small>(Final disease or condition resulting in death)</small>	a	Due to (or as a consequence of)		b	CLOSTRIDIUM DIFFICILE COLITIS		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															
FEMALE PREGNANCY STATUS NOT APPLICABLE			WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? N/A															
DATE OF INJURY			TIME OF INJURY	PLACE OF INJURY														
LOCATION OF INJURY			INJURY AT WORK?															
DESCRIBE HOW INJURY OCCURRED:			IF TRANSPORTATION INJURY, SPECIFY:															
ATTEND THE DECEASED? YES	DATE LAST SEEN ALIVE OCTOBER 13, 2017	WAS MEDICAL EXAMINER OR CORONER CONTACTED? NO	DATE PRONOUNCED	TIME OF DEATH 05:10 PM														
CERTIFIER PHYSICIAN			DATE CERTIFIED OCTOBER 16, 2017															
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH DR. JOHN ELSEN, 2850 W. 95TH STREET, SUITE 403, EVERGREEN PARK, ILLINOIS, 60805			PHYSICIAN'S LICENSE NUMBER 036.085149															

D00146625



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



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

THE WORD VOID APPEARS WHEN PHOTOCOPIED

NOTE: EMBOSSED STATE AND COUNTY SEALS AT BOTTOM