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CERTIFICATION OF DEATH RECORD
UNOFFICIAL COPY

DUPAGE COUNTY HEALTH DEPARTMENT
WHEATON, ILLINOIS
MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER 2019 0023268

DATE ISSUED 3/22/2019

DECEDENT'S LEGAL NAME ELIZABETH BROWN		SEX FEMALE	DATE OF DEATH MARCH 15, 2019	
COUNTY OF DEATH DU PAGE	AGE AT LAST BIRTHDAY 71 YEARS	DATE OF BIRTH FEBRUARY 10, 1948		
CITY OR TOWN ELMHURST		HOSPITAL OR OTHER INSTITUTION NAME THE GROVE OF ELMHURST		
PLACE OF DEATH NURSING HOME / LONG TERM CARE FACILITY				
BIRTHPLACE RICHLAND, GA	SOCIAL SECURITY NUMBER 259-74-6113	STATUS AT TIME OF DEATH WIDOWED	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME	EVER IN U.S. ARMED FORCES? NO
RESIDENCE 712 22ND AVENUE	APT. NO.	CITY OR TOWN BELLWOOD	INSIDE CITY LIMITS? YES	
COUNTY COOK	STATE IL	ZIP CODE 60104	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION ROSS JOHNSON SR	MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION ANNIE L JONES
INFORMANT'S NAME DANA BROWN		RELATIONSHIP DAUGHTER	MAILING ADDRESS 21 B KINGERY QUARTER, WILLOWBROOK, IL, 60527	
METHOD OF DISPOSITION BURIAL	PLACE OF DISPOSITION ABRAHAM LINCOLN NATIONAL CEMETERY	LOCATION - CITY OR TOWN AND STATE ELWOOD, IL	DATE OF DISPOSITION MARCH 22, 2019	
FUNERAL HOME HURSEN FUNERAL HOME, 4001 W. ROOSEVELT ROAD, HILLSDALE, IL, 60162				
FUNERAL DIRECTOR'S NAME REBECCA JENNY VALADEZ			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034014757	
LOCAL REGISTRAR'S NAME KAREN J AYALA			DATE FILED WITH LOCAL REGISTRAR MARCH 22, 2019	
CAUSE OF DEATH - PART I		CARDIOMYOPATHY		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (Final disease or condition resulting in death)		Due to (or as a consequence of):		
b. END STAGE PULMONARY FIBROSIS		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. CHRONIC RESPIRATORY FAILURE, HYPERTENSION			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 MARCH 08, 2019	WAS MEDICAL EXAMINER OR CORONER CONTACTED? YES	DATE PRONOUNCED	TIME OF DEATH 08:15 AM
CERTIFIER PHYSICIAN			DATE CERTIFIED MARCH 16, 2019	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH CHOOL LIYANAPATABENDI MD, 561 N HOWARD AVE, ELMHURST, ILLINOIS, 60126			PHYSICIAN'S LICENSE NUMBER 036-128738	



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.

Karen J. Ayala
Local Registrar

Not valid without the embossed seal of the DuPage County Health Department.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

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CERTIFICATION OF DEATH RECORD
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DUPAGE COUNTY HEALTH DEPARTMENT
WHEATON, ILLINOIS
MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER 2019 0011767

DATE ISSUED 2/13/2019

DECEDENT'S LEGAL NAME DOUGLAS MCARTHUR BROWN		SEX MALE	DATE OF DEATH FEBRUARY 11, 2019	
COUNTY OF DEATH DU PAGE	AGE AT LAST BIRTHDAY 76 YEARS	DATE OF BIRTH NOVEMBER 02, 1942		
CITY OR TOWN ELMHURST		HOSPITAL OR OTHER INSTITUTION NAME ELMHURST MEMORIAL HOSPITAL-MAIN CAMPUS		
PLACE OF DEATH INPATIENT				
BIRTHPLACE LUMPKIN, GA	SOCIAL SECURITY NUMBER [REDACTED]-3721	STATUS AT TIME OF DEATH MARRIED	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME ELIZABETH JOHNSON	EVER IN U.S. ARMED FORCES? YES
RESIDENCE 712 22ND AVENUE	APT. NO.	CITY OR TOWN BELLWOOD	INSIDE CITY LIMITS? YES	
COUNTY COOK	STATE IL	ZIP CODE 60104	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION JONAH BROWN	MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION JULIA LOCKHART
INFORMANT'S NAME DANA J BROWN		RELATIONSHIP DAUGHTER	MAILING ADDRESS 21B KINGERY QUARTER, WILLOWBROOK, IL, 60527	
METHOD OF DISPOSITION BURIAL	PLACE OF DISPOSITION ABRAHAM LINCOLN NATIONAL CEMETERY	LOCATION - CITY OR TOWN AND STATE ELWOOD, IL	DATE OF DISPOSITION FEBRUARY 20, 2019	
FUNERAL HOME HURSEN FUNERAL HOME, 4001 W. ROOSEVELT ROAD, HILLSIDE, IL, 60162				
FUNERAL DIRECTOR'S NAME REBECCA JENNY VALADEZ			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034014757	
LOCAL REGISTRAR'S NAME KAREN AYALA			DATE FILED WITH LOCAL REGISTRAR FEBRUARY 13, 2019	
CAUSE OF DEATH - PART I. ACUTE HYPOXEMIC RESPIRATORY FAILURE				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (Final disease or condition resulting in death)				
a. Due to (or as a consequence of) b. RECURRENT ASPIRATION PNEUMONITIS				
c. Due to (or as a consequence of) MULTI-INFARCT-DEMENTIA				
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 INJURY, SPECIFY	
ATTEND THE DECEASED? YES	DATE LAST SEEN ALIVE FEBRUARY 11, 2019	WAS MEDICAL EXAMINER OR CORONER CONTACTED? NO	DATE PRONOUNCED	TIME OF DEATH 2:41 PM
CERTIFIER PHYSICIAN			DATE CERTIFIED FEBRUARY 12, 2019	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH BARBARA POTACZEK MD, 172 SCHILLER STREET, ELMHURST, ILLINOIS, 60126			PHYSICIAN'S LICENSE NUMBER 036-113875	



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