

CERTIFICATION OF DEATH RECORD

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COOK COUNTY CLERK VITAL RECORDS

CHICAGO, ILLINOIS

MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER 2019.0064091


DATE ISSUED 8/14/2019

DECEDENT'S LEGAL NAME FRANCISCO J MATA			SEX MALE	DATE OF DEATH AUGUST 12, 2019	
COUNTY OF DEATH COOK		AGE AT LAST BIRTHDAY 63 YEARS	DATE OF BIRTH MAY 24, 1956		
CITY OR TOWN BURBANK		HOSPITAL OR OTHER INSTITUTION NAME 8517 S MAJOR AVENUE			
PLACE OF DEATH DECEDENT'S HOME					
BIRTHPLACE MEXICO	SOCIAL SECURITY NUMBER	STATUS AT TIME OF DEATH MARRIED	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME LETICIA RODRIGUEZ		EVER IN U.S. ARMED FORCES? NO
RESIDENCE 8517 S MAJOR AVENUE		APT. NO.	CITY OR TOWN BURBANK		INSIDE CITY LIMITS? YES
COUNTY COOK	STATE IL	ZIP CODE 60459	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION UNKNOWN UNKNOWN		MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION MARIA DE JESUS MATA
INFORMANT'S NAME LETICIA MATA		RELATIONSHIP WIFE	MAILING ADDRESS 8517 S MAJOR AVENUE, BURBANK, IL, 60459		
METHOD OF DISPOSITION BURIAL		PLACE OF DISPOSITION SAINT MARY CATHOLIC CEMETERY	LOCATION - CITY OR TOWN AND STATE EVERGREEN PARK, IL	DATE OF DISPOSITION AUGUST 17, 2019	
FUNERAL HOME THOMPSON AND KUENSTER FUNERAL HOME, 5570 W. 95TH STREET, OAK LAWN, IL, 60453					
FUNERAL DIRECTOR'S NAME ROBERT BERNARD KUENSTER			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034011257		
LOCAL REGISTRAR'S NAME KAREN A YARBROUGH			DATE FILED WITH LOCAL REGISTRAR AUGUST 14, 2019		
CAUSE OF DEATH PART I: MALIGNANT NEOPLASM OF THE PANCREAS					
IMMEDIATE CAUSE (Final disease or condition resulting in death)		a	UNKNOWN: UNKNOWN		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		b	Due to (or as a consequence of)		
		c	Due to (or as a consequence of)		
			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 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? NO	DATE LAST SEEN ALIVE UNKNOWN	WAS MEDICAL EXAMINER OR CORONER CONTACTED? NO		DATE PRONOUNCED	TIME OF DEATH 11:45 PM
CERTIFIER PHYSICIAN				DATE CERTIFIED AUGUST 14, 2019	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH KIM BATTLEMILLER, 2000 SPRINGER DRIVE, LOMBARD, IL, 60148				PHYSICIAN'S LICENSE NUMBER 036089482	

1030628



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 A. Yarbrough
 Cook County Clerk



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

THE WORD VOID APPEARS WHEN PHOTOCOPIED

NOTE: EMBOSSED STATE AND COUNTY SEALS AT BOTTOM

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TO TEST FOR AUTHENTICITY: The face of this document has a green background. Verification of some of the security features can be accomplished by:

- Identifying invisible UV fibers embedded in the paper.
- Applying fresh liquid bleach to activate color stain chemical protection reaction.
- Face of document has a green border with ornate lines including reverse microtext.
- This backer copy is constructed with a microtext border. Inspection under magnifier shows "ILLINOISDEATHCERTIFICATE" in microtext.
- Document is protected with embossed Cook County seals.
- Inspect background with a magnifier to verify the encrypted NaNOcopy™ algorithm in body of document.
- Photocopying this document produces the word "VOID" across the face.

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