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Exhibit A

Death Certificate

COOK COUNTY CLERK OFFICE
RECORDING DIVISION
118 N. CLARK ST. ROOM 120
CHICAGO, IL 60602-1387

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Property of Cook County Clerk's Office

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

STATE FILE NUMBER 2020 0069322

DATE ISSUED 7/29/2020

DECEDENT'S LEGAL NAME RAYMOND LOUIS FILIPPO		SEX MALE	DATE OF DEATH JULY 23, 2020	
COUNTY OF DEATH COOK	AGE AT LAST BIRTHDAY 84 YEARS	DATE OF BIRTH JULY 30, 1935		
CITY OR TOWN LEMONT		HOSPITAL OR OTHER INSTITUTION NAME FRANCISCAN VILLAGE		
PLACE OF DEATH NURSING HOME / LONG TERM CARE FACILITY				
BIRTHPLACE CHICAGO, IL	STATUS AT TIME OF DEATH MARRIED	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME PENELOPE CHARLOTTE FARKAS		EVER IN U.S. ARMED FORCES? YES
RESIDENCE 17802 MISSOURI COURT	APT. NO.	CITY OR TOWN ORLAND PARK		INSIDE CITY LIMITS? YES
COUNTY COOK	STATE IL	ZIP CODE 60467	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION SALVATORE FILIPPO	MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION ELVIRA CASSANO
INFORMANT'S NAME PENELOPE FILIPPO		RELATIONSHIP SPOUSE	MAILING ADDRESS 17802 MISSOURI COURT, ORLAND PARK, IL, 60467	
METHOD OF DISPOSITION CREMATION	PLACE OF DISPOSITION WOODLAWN CREMATORY	LOCATION - CITY OR TOWN AND STATE FOREST PARK, IL	DATE OF DISPOSITION JULY 27, 2020	
FUNERAL HOME NEPTUNE SOCIETY, 1628 OGDEN AVENUE, DOWNERS GROVE, IL, 60515				
FUNERAL DIRECTOR'S NAME SARAH MORROW SEBBY			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034016018	
LOCAL REGISTRAR'S NAME KAREN A. YARBROUGH			DATE FILED WITH LOCAL REGISTRAR JULY 27, 2020	
CAUSE OF DEATH	PART I. CARDIAC ARREST			
IMMEDIATE CAUSE (Final disease or condition resulting in death)	a.	Due to (or as a consequence of)		
	b.	CORONARY ARTERY DISEASE		
	c.	HEART FAILURE		
		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.				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? YES	DATE PRONOUNCED	TIME OF DEATH 01:44 PM
CERTIFIER PHYSICIAN			DATE CERTIFIED JULY 24, 2020	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH DR MANAMAR SINGH, 1900 SILVER CROSS BLVD, NEW LENOX, ILLINOIS, 60451				PHYSICIAN'S LICENSE NUMBER 036133503

1463791



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

