

CERTIFICATION OF DEATH RECORD

UNOFFICIAL COPY

COOK COUNTY CLERK VITAL RECORDS

CHICAGO, ILLINOIS

MEDICAL CERTIFICATE OF DEATH

EXHIBIT

STATE FILE NUMBER 2017-0098105

DATE ISSUED 8/22/2022

DECEDENT'S LEGAL NAME MARY O'HARA		SEX FEMALE	DATE OF DEATH DECEMBER 04, 2017	
COUNTY OF DEATH COOK	AGE AT LAST BIRTHDAY 70 YEARS	DATE OF BIRTH AUGUST 24, 1947		
CITY OR TOWN DES PLAINES		HOSPITAL OR OTHER INSTITUTION NAME 721 KYLEMORE DRIVE		
PLACE OF DEATH DECEDENT'S HOME				
BIRTHPLACE CHICAGO, IL	SOCIAL SECURITY NUMBER	STATUS AT TIME OF DEATH MARRIED	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME MICHAEL O'HARA	EVER IN U.S. ARMED FORCES? NO
RESIDENCE 721 KYLEMORE DRIVE		APT. NO.	CITY OR TOWN DES PLAINES	INSIDE CITY LIMITS? YES
COUNTY COOK	STATE IL	ZIP CODE 60016	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION WILLIAM HUGHES	MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION MARJORIE HOWARD
INFORMANT'S NAME MICHAEL O'HARA		RELATIONSHIP HUSBAND	MAILING ADDRESS 721 KYLEMORE DRIVE, DES PLAINES, IL, 60016	
METHOD OF DISPOSITION BURIAL	PLACE OF DISPOSITION ALL SAINTS CATHOLIC CEMETERY	LOCATION, CITY OR TOWN AND STATE DES PLAINES, IL	DATE OF DISPOSITION DECEMBER 12, 2017	
FUNERAL HOME GL HILLS, 745 GRACELAND AVENUE, DES PLAINES, IL, 60016				
FUNERAL DIRECTOR'S NAME GRAHAM A HILLS			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034012258	
LOCAL REGISTRAR'S NAME DAVID ORR			DATE FILED WITH LOCAL REGISTRAR DECEMBER 11, 2017	
CAUSE OF DEATH				
PART I: COMMUNITY ACQUIRED PNEUMONIA				
IMMEDIATE CAUSE (Final disease or condition resulting in death)		Due to (or as a consequence of):		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 1 WEEK
a.		b.		
c. SYRINGOMYELIA		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. SJOGRENS DISEASE PROTEIN CALORIE MALNUTRITION				
FEMALE PREGNANCY STATUS NOT PREGNANT WITHIN LAST YEAR			WAS AN AUTOPSY PERFORMED? NO	
			WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? N/A	
			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 APRIL 13, 2017	WAS MEDICAL EXAMINER OR CORONER CONTACTED? NO	DATE PRONOUNCED	TIME OF DEATH 05:12 PM
CERTIFIER PHYSICIAN			DATE CERTIFIED DECEMBER 05, 2017	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH JOSEPH GHIMINO, 77 RAND ROAD, DES PLAINES, ILLINOIS, 60016			PHYSICIAN'S LICENSE NUMBER 036124390	

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.

Karen A. Yarbrough
Cook County Clerk



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE