

UNOFFICIAL COPY

CERTIFICATION OF DEATH RECORD

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

STATE FILE NUMBER 2018 0065118

DATE ISSUED 9/12/2022

DECEDENT'S LEGAL NAME SPURGEON NEWMAN			SEX MALE	DATE OF DEATH AUGUST 05, 2018
COUNTY OF DEATH COOK		AGE AT LAST BIRTHDAY 81 YEARS	DATE OF BIRTH JULY 11, 1937	
CITY OR TOWN CHICAGO		HOSPITAL OR OTHER INSTITUTION NAME 12345 S PRINCETON AVE		
PLACE OF DEATH DECEDENT'S HOME				
BIRTHPLACE BOGALUSA, LA	SOCIAL SECURITY NUMBER 439-50-2374	STATUS AT TIME OF DEATH MARRIED	SURVIVING SPOUSE/CIVIL UNION PARTNER'S M.A.DEN NAME BERNICE MCCOY	EVER IN U.S. ARMED FORCES? NO
RESIDENCE 12345 S PRINCETON AVE		APT. NO.	CITY OR TOWN CHICAGO	INSIDE CITY LIMITS? YES
COUNTY COOK	STATE IL	ZIP CODE 60628	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION THADDEUS NEWMAN	MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION RUBY THORNTON
INFORMANT'S NAME BERNICE NEWMAN		RELATIONSHIP WIFE	MAILING ADDRESS 12345 S PRINCETON AVE, CHICAGO, IL, 60628	
METHOD OF DISPOSITION BURIAL	PLACE OF DISPOSITION MOUNT HOPE CEMETERY	LOCATION - CITY OR TOWN AND STATE CHICAGO, IL	DATE OF DISPOSITION AUGUST 17, 2018	
FUNERAL HOME LEAK AND SONS, 7838 SOUTH COTTAGE GROVE, CHICAGO, IL, 60619				
FUNERAL DIRECTOR'S NAME SPENCER LEAK SR			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 031007489	
LOCAL REGISTRAR'S NAME DAVID ORR			DATE FILED WITH LOCAL REGISTRAR AUGUST 13, 2018	
CAUSE OF DEATH	PART I	CORONARY ARTERY DISEASE		
IMMEDIATE CAUSE (Final disease or condition resulting in death)	a.	Due to (or as a consequence of)		
	b.	Due to (or as a consequence of)		
	c.	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:				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
FEMALE PREGNANCY STATUS NOT APPLICABLE			WAS AN AUTOPSY PERFORMED? NO	
			WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? N/A	
DATE OF INJURY	TIME OF INJURY	PLACE OF INJURY	MANNER OF DEATH NATURAL	
LOCATION OF INJURY			INJURY AT WORK?	
DESCRIBE HOW INJURY OCCURRED:			IF TRANSPORTATION INJURY, SPECIFY:	
ATTEND THE DECEASED? YES	DATE LAST SEEN ALIVE AUGUST 05, 2018	WAS MEDICAL EXAMINER OR CORONER CONTACTED? YES	DATE PRONOUNCED	TIME OF DEATH 07:59 PM
CERTIFIER PHYSICIAN			DATE CERTIFIED AUGUST 08, 2018	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH ZAFAR AHMED MD, 13755 SOUTH CICERO AVENUE, CRESTWOOD, ILLINOIS, 60445			PHYSICIAN'S LICENSE NUMBER 036089465	

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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

