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LEGAL DESCRIPTION

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Address of Real Estate: 8912 W. 91st. Pl., Hickory Hills, IL 60457

Permanent Index Numbers: 23-03-407-012-0000.

LEGAL DESCRIPTION:

Lot 12 in Forest Hills a Subdivision in the South West quarter of the North East quarter and the North half of the South East quarter of Section 3, Township 37 North, Range 12, East of the Third Principal Meridian according to plat thereof recorded January 4, 1962 as document 18369667 in Cook County, Illinois. \*\*

98258267

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DuPage County Health Department

DECEDENT'S BIRTH NO.		REGISTRATION DISTRICT NO. 22.0		STATE OF ILLINOIS				STATE FILE NUMBER	
		REGISTERED NUMBER 2215		MEDICAL CERTIFICATE OF DEATH					
Type or Print in PERMANENT INK See Funeral Directors, Hospital, or Physicians Handbook for INSTRUCTIONS		DECEASED-NAME FIRST MIDDLE LAST SEX DATE OF DEATH (MONTH, DAY, YEAR)		COUNTY OF DEATH		AGE-LAST BIRTHDAY (YRS) UNDER 1 YEAR UNDER 1 DAY		DATE OF BIRTH (MONTH, DAY, YEAR)	
		MIKE BUTTA MALE 3. JUNE 1, 1997		DuPAGE		5a. 73 5b. 5c.		5d. JUNE 26, 1923	
A		6a. WILLOWBROOK		6b. CHATEAU VILLAGE NURSING & REHAB. CTN.		6c. INPATIENT		6d. HOSP. OR N.S. INDICATE D.O.A. (OP-EMER. AM. INPATIENT) (SPECIFY)	
DECEASED		7. GILLESPIE, IL		8b. MINNIE ANNE ZELENSKY		9. YES		9. WAS DECEASED EVER IN US ARMED FORCES? (YES/NO)	
B		10. 338-18-3069		11a. SUPERVISOR		11b. LOCOMOTIVE		12. 12	
C		13a. 8912 W. 91 <sup>ST</sup> PL.		13b. Hickory Hills		13c. YES		13d. COOK	
E		13a. ILLINOIS		13b. WHITE		14b. NO		14c. YES SPECIFY:	
PARENTS		15. JOHN BUTTA		16. ANN SCHAHUTA					
1		17a. MINNIE ANNE BUTTA		17b. WIFE		17c. 8912 W. 91 <sup>ST</sup> PL. HICKORY HILLS, IL 60457			
2		18. PART I		Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or hemorrhage. List only one cause on each line.				APPROPRIATE INITIALS IN THE CATEGORY NUMBERED 1-4	
3		Immediate Cause (Final disease or condition resulting in death)		(a) Sepsis					
CAUSE		CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (b) STATING THE UNDERLYING CAUSE LAST.		(b) Necrotizing cellulitis		(c) Systemic thromboembolism			
4		PART II. Other significant conditions contributing to death, but not resulting in it, underlying cause given in PART I		Dementia		19a. NO		19b. YES	
5		DATE OF OPERATION, IF ANY		MAJOR FINDINGS OF OPERATION		20a.		20b.	
N		20a.		20b.		20c. YES		20d. NO	
P		20a.		20b.		20c. YES		20d. NO	
21		21a. DID NOT ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON 5-97		21b. WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) YES		21c. HOUR OF DEATH 11:25 A.M.		21d. DATE SIGNED 6-2-97	
CERTIFIER		22a. SIGNATURE		NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)		22c. GARY MCCRAY M.D. 1530 Alton Terrace La Grange Park, IL 60526-1331		22d. ILLINOIS LICENSE NUMBER 036-064789	
23		23a. BURIAL, CREMATION, OR OTHER DISPOSITION		23b. CEMETERY OR CREMATORY-NAME		23c. LOCATION CITY OR TOWN STATE		23d. DATE (MONTH, DAY, YEAR)	
DISPOSITION		23a. CREMATION		23b. WOODLAWN		23c. FOREST PARK, ILLINOIS		23d. JUNE 6, 1997	
24		24a. FUNERAL HOME		24b. NAME STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE		24c. FUNERAL DIRECTOR'S NAME		24d. FUNERAL DIRECTOR'S LICENSE NUMBER	
25		25a. BYKANSKAS-LEONARD		25b. 644 E. 162 <sup>ND</sup> ST. SOUTH HOLLAND, IL 60478		25c. Frank J. Leonard		25d. 034-010273	
26		26a. LOCAL REGISTRAR'S SIGNATURE		26b. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)		26c. JUN 2 1997		26d.	

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This is to certify that this is a true and correct copy of the official record filed with the Illinois Department of Public Health.

David R. McQuitt, M.S.

Local Registrar

Not valid without the embossed seal of DuPage County Health Department

111 North County Farm Road Wheaton, Illinois 60187

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