

REGISTRATION DISTRICT NO. **16.10**
 REGISTERED NUMBER

STATE OF ILLINOIS

STATE FILE NUMBER

MEDICAL CERTIFICATE OF DEATH

619268

DECEASED-NAME FIRST MIDDLE LAST SEX DATE OF DEATH (MONTH DAY YEAR)
1. Reba Givens 2 Female 3 October 08, 1995

COUNTY OF DEATH AGE-LAST BIRTHDAY (MM/DD) UNDER 1 YEAR UNDER 1 DAY DATE OF BIRTH (MONTH DAY YEAR)
4 Cook 5a 42 5b 5c September 09, 1953

CITY TOWN TWP. OR ROAD DISTRICT NUMBER HOSPITAL OR OTHER INSTITUTION - NAME IF NOT IN OTHER GIVE STREET AND NUMBER IF HOSP. OR INST. INDICATE DOA OPERATOR OR DEPT. (SPECIFY)
6a Chicago 6b University Of Illinois Hospital 6c Inpatient

BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) NAME OF SURVIVING SPOUSE (MAIDEN NAME IF W/F) WAS DECEASED (YES/NO) ARMED FORCE (YES/NO)
7 Gary, Indiana 8a Married 8b Givens, Sidney 9 110

SOCIAL SECURITY NUMBER USUAL OCCUPATION KIND OF BUSINESS OR INDUSTRY EDUCATION (SPECIFY ONE Y HIGHEST GRADE COMPLETE)
10 307-60-1348 11 Home Health Aide 12 Elementary Secondary @ 12; College 1-4 or 5-1

RESIDENCE (STREET AND NUMBER) CITY TOWN TWP. OR ROAD DISTRICT NO. INSIDE CITY (YES/NO) COUNTY
13a 848 Floyd St 13b Gary 13c 16403

STATE RACE (WHITE, BLACK, AMERICAN INDIAN, OR OTHER SPECIFY) OF HISPANIC ORIGIN? (SPECIFY) YES/NO IF YES SPECIFY CUBAN, MEXICAN, PUERTO RICAN, ETC.
13e Indiana 14a Black 14b No

FATHER-NAME FIRST MIDDLE LAST MOTHER-NAME FIRST MIDDLE (MAIDEN) LAST
15 Elizabeth Bray 16 Ann Sue Schraggs

INFORMANT'S NAME (TYPE OR PRINT) RELATIONSHIP MAILING ADDRESS (STREET AND NO. OR R.F.D. CITY OR TOWN STATE ZIP)
17a Latonia Randle 17b Records Hospital 17c 1740 W. Taylor, Chgo, IL 60612

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 heart failure. List only one cause on each line.

Immediate Cause (Final disease or condition resulting in death) (a) **Septic Shock**

CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF (b) **Peritonitis BSRD (End Stage Renal Disease)**

CAUSE LAST (c)

PART II Other significant conditions contributing to death but not resulting in the underlying cause given in PART I

DATE OF OPERATION, IF ANY MAJOR FINDINGS OF OPERATION
20a 20b

IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? 20c. YES NO

1 (DID) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON (MONTH DAY YEAR) WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) HOUR OF DEATH
21a October 08, 1995 21b 21c 5:45 A M

TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED DATE SIGNED (MONTH DAY YEAR)
22a Signature: Alpa Sanghiv M.D. ALPA SANGHIV 22b 10/09/95

NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) ILLINOIS LICENSE NUMBER
22c Alpa Sanghiv M.D. 1740 W. Taylor, Chgo, IL 60612 22d 125-033857

NOTE: IF AN AUXILIARY WAS INVOLVED IN THE DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED

23 Stephanie Sadlon M.D. (Dept of Medicine)

BURIAL-CREMATATION, REMOVAL (SPECIFY) CEMETERY OR CREMATORY-NAME LOCATION CITY OR TOWN STATE DATE (MONTH DAY YEAR)
24 Burial, Gary Oak Hill, Gary, Indiana Oct. 14 1995

FUNERAL HOME NAME STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE
25 Memorial Chapel 5040 S Western Chicago, Ill

STATE OF ILLINOIS
 COUNTY OF COOK
 CITY OF CHICAGO

99029627

SEP 16 1997

I, SHEILA LYNE, RSW, LOCAL REGISTRAR OF VITAL STATISTICS OF THE CITY OF CHICAGO, DO HEREBY CERTIFY THAT I AM THE KEEPER OF THE RECORDS OF BIRTHS, STILLBIRTHS AND DEATHS FOR THE CITY OF CHICAGO BY VIRTUE OF THE LAWS OF THE STATE OF ILLINOIS AND THE ORDINANCES OF THE CITY OF CHICAGO; THAT THE ACCOMPANYING CERTIFICATE ON THIS SHEET IS A TRUE COPY OF A RECORD KEPT BY ME IN PURSUANCE OF SAID LAWS AND ORDINANCES.

Sheila Lyne
 REGISTRAR

THIS CERTIFIED COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.

Resub BIK's 3-7-8 Indian Hills South 25ft lot 13 + North 1/2 of lot 14 Block 7

Key #45-76-14; unit #25

FILED

APR 07 1999

PETER BENJAMIN
 LAKE COUNTY AUDITOR

100551

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 CS
 CP*