

I, David Orr, County Clerk of the County of Cook, in the State aforesaid, and Keeper of the Records and Files of said County do hereby certify that the attached is a true and correct copy of the original Record on file, all of which appears from the records and files in my office.

IN WITNESS THEREOF, I have hereunto set my hand and affixed the Seal of the County of Cook, at my office in the city of Chicago, in said County.

DAVID ORR
COUNTY CLERK

2004 036529

28-3439

614878

REGISTRATION DISTRICT NO. 16.10
REGISTERED NUMBER

STATE OF ILLINOIS STATE FILE NUMBER

MEDICAL CERTIFICATE OF DEATH

DECEASED'S BIRTH NO. 2004 036529

1. DECEASED-NAME: JOYCE H. MIN
2. SEX: Female
3. DATE OF DEATH: September 30, 2004

4. COUNTY OF DEATH: COOK
5a. AGE-LAST BIRTHDAY (YRS): 63
5b. UNDER 1 YEAR: MOS. 5c. UNDER 1 DAY: HOURS MIN.
5d. DATE OF BIRTH: OCTOBER 25, 1938

6a. CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER: CHICAGO
6b. HOSPITAL OR OTHER INSTITUTION: Northwestern Memorial
6c. IF HOSP. OR INST. INDICATE D.O.A. OP/EMER. RM, INPATIENT, SPECIF. ARMED FORCES? (YES/NO): inpatient

7. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY): HAMMOND, IN
8a. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): MARRIED
8b. NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE): DR. DAVID MIN
9. WAS DECEASED EVER IN ARMED FORCES? (YES/NO): NO

10. SOCIAL SECURITY NUMBER: 473-40-1421
11a. USUAL OCCUPATION: REALTOR
11b. KIND OF BUSINESS OR INDUSTRY: REALTY
12. EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED): College (1-4 or 5+)

13a. RESIDENCE (STREET AND NUMBER): 9043 UNIVERSITY DR.
13b. CITY, TOWN, TWP, OR ROAD DISTRICT NO.: MUNSTER
13c. INSIDE CITY (YES/NO): YES
13d. COUNTY: LAKE

13e. STATE: INDIANA
13f. ZIP CODE: 46321
14a. RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY): WHITE
14b. OF HISPANIC ORIGIN? (SPECIFY NO OR YES-IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN): NO

15. FATHER-NAME: JAMES TERRY
16. MOTHER-NAME: EUNICE BARRETT

17a. INFORMANT'S NAME (TYPE OR PRINT): JACKIE SMITH
17b. RELATIONSHIP: mother
17c. MAILING ADDRESS: 251 E Huron Chicago, IL 60611

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.

(a) Immediate Cause (Final disease or condition resulting in death): Sepsis
(b) DUE TO, OR AS A CONSEQUENCE OF: bone marrow transplant
(c) DUE TO, OR AS A CONSEQUENCE OF: multiple myeloma

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

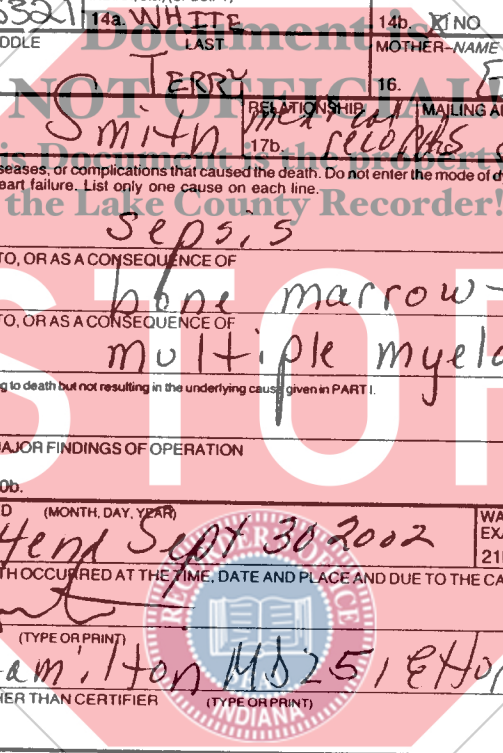
20a. DATE OF OPERATION, IF ANY
20b. MAJOR FINDINGS OF OPERATION

21a. I (DID) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON: I did attend Sept 30 2002
21b. WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO): NO
21c. HOUR OF DEATH: 4:22 P.M.
21d. DATE SIGNED: SEPT 30 2004

22a. SIGNATURE: [Signature]
22b. NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT): James Hamilton MD 251 E Huron Chgo, IL 60611
22c. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT): James Hamilton MD 251 E Huron Chgo, IL 60611
22d. ILLINOIS LICENSE NUMBER: 125-4160

23. BURIAL, CREMATION, REMOVAL (SPECIFY): BURIAL
24a. FUNERAL HOME: CHAPEL LAWN
24b. CEMETERY OR CREMATORY-NAME: SCHERERVILLE IN
24c. LOCATION: SCHERERVILLE IN
24d. DATE (MONTH, DAY, YEAR): OCT. 05 2004

25a. DURANTE FUNERAL SERVICES 2351 W AUGUSTA BLVD. CHICAGO IL 60622
25b. FUNERAL DIRECTOR'S SIGNATURE: [Signature]
25c. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER: 034-012098
25d. LOCAL REGISTRAR'S SIGNATURE: John A. Wilhelm, M.D.
26a. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR): OCT 2 2004



FILED

STEPHEN R. STIGLICH
LAKE COUNTY AUDITOR

Handwritten initials and notes in the bottom right corner.