

**COPY CERTIFICATION**

State of INDIANA

County of LAKE

On this 8th day of March, 2000, I have examined both an original and photocopy of the attached document. I certify that the attached document as described below is a true, exact, complete and unaltered photocopy made by Richard A. Harvey

\_\_\_\_\_:

**Document Description:**

Medical Examiner's - Coroner's CERTIFICATE OF DEATH

- Registered Number: 00322

- Deceased: Walter Wagner Harvey

- Date of death: November 25, 1999

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2000 SEP 22

NOTARIAL PUBLIC  
RECORDS

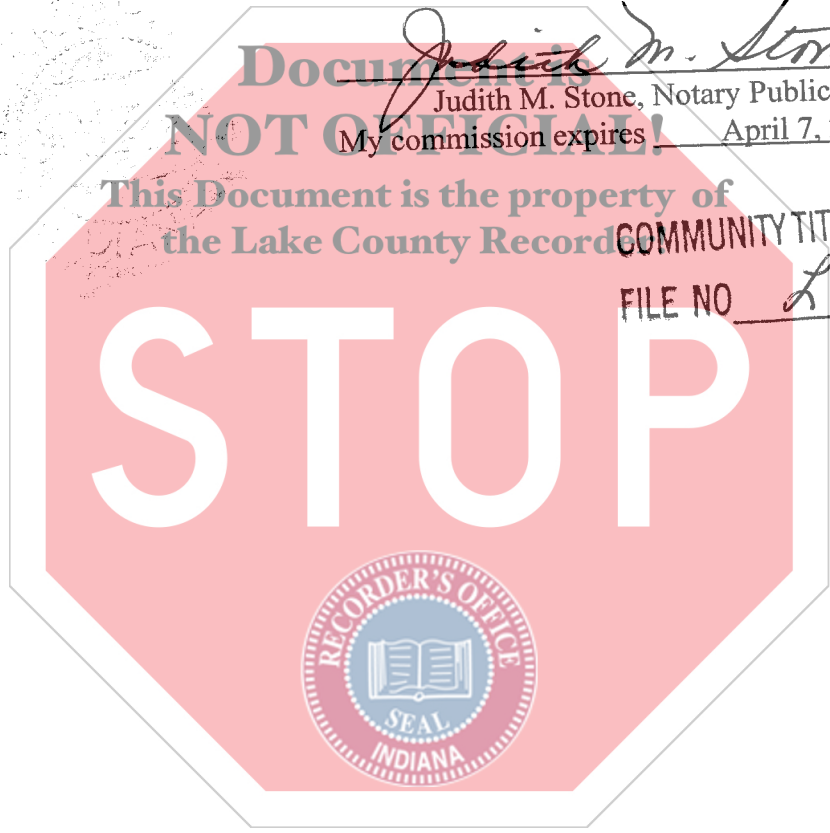
2004 081529

Judith M. Stone  
Judith M. Stone, Notary Public

My commission expires April 7, 2008

This Document is the property of  
the Lake County Recorder COMMUNITY TITLE COMPANY

FILE NO L 29530



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CMG

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent named at item 1, and that this record was established and filed in my office in accordance with the provisions of the Illinois Vital Records Act.

DATE **DEC 16 1999**  
 AT **JOLIET, ILLINOIS 60433**

SIGNED *James E. Zelbo*  
 OFFICIAL TITLE **REGISTRAR**

The original record of this death is permanently filed with the ILLINOIS DEPARTMENT OF PUBLIC HEALTH at Springfield. County clerks and local registrars are authorized to make certifications from copies of the original record. The Illinois statutes provide that the certification of a death record by the Department of Public Health, local registrar or county clerk shall be prima facie evidence in all courts and places of the facts therein stated.

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THE FACE OF THIS DOCUMENT HAS A COLORED BACKGROUND ON WHITE PAPER

PERMANENT CERTIFICATE  
 TEMPORARY CERTIFICATE  
 REGISTRATION DISTRICT NO. **990**  
 REGISTERED NUMBER **00322**

STATE OF ILLINOIS  
**MEDICAL EXAMINER'S - CORONER'S  
 CERTIFICATE OF DEATH**

Type of Print In: See Coroner's or Funeral Director's Handbook for INSTRUCTIONS

**DECEASED**

1. DECEASED-NAME: **WALTER WAGNER HARVEY**  
 COUNTY OF DEATH: **WILL**  
 CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER: **JOLIET, IL**  
 2. SEX: **MALE**  
 3. DATE OF BIRTH (MONTH, DAY, YEAR): **NOVEMBER 25, 1999**  
 4. AGE-AT-DEATH (MONTHS, DAYS, HOURS, MIN.): **5a. 87**  
 5. HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER): **PROVENA ST. JOSEPH MEDICAL CENTER**  
 6. DATE OF DEATH (MONTH, DAY, YEAR): **OCTOBER 14, 1912**  
 7. JOLIET, IL  
 8. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): **WIDOWED**  
 9. NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE): **EMER, RM.**  
 10. SOCIAL SECURITY NUMBER: **312-10-0951**  
 11. USUAL OCCUPATION: **ROLLER**  
 12. KIND OF BUSINESS OR INDUSTRY: **STEEL**  
 13. RESIDENCE (STREET AND NUMBER): **7409 JEFFERSON AVE.**  
 14. CITY, TOWN, TWP. OR ROAD DISTRICT NO.: **HAMMOND**  
 15. STATE: **INDIANA**  
 16. ZIP CODE: **46324**  
 17. RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY): **WHITE**  
 18. HISPANIC ORIGIN? (SPECIFY) OR YES-IF YES, SPECIFY (CUBAN, MEXICAN, PUERTO RICAN, etc.): **NO**  
 19. FATHER-NAME: **DAMON HARVEY**  
 20. MOTHER-NAME: **CLARA WAGNER**  
 21. RELATIONSHIP: **SON**  
 22. MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP): **7409 JEFFERSON AVE., HAMMOND, IN 46324**

**PARENTS**

17a. **RICHARD A. HARVEY**  
 17b. **SON**  
 17c. **7409 JEFFERSON AVE., HAMMOND, IN**  
 18. PART I: Immediate Cause (Final disease or condition resulting in death)

**CAUSE**

1. **PROBABLE MYOCARDIAL INFARCTION**  
 2. **HISTORY OF ATHEROSCLEROTIC PLAQUING**  
 3. **CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST**  
 4. **DUETO OR AS A CONSEQUENCE OF**  
 5. **DUETO OR AS A CONSEQUENCE OF**  
 6. **DUETO OR AS A CONSEQUENCE OF**

N. NATURAL ACCIDENT, HOMICIDE, SUICIDE, UNDETERMINED, (SPECIFY)  
 P. NATURAL  
 H.G. INJURY AT WORK  
 RIF. \_\_\_\_\_  
 UNK. \_\_\_\_\_

**CERTIFIER**

21a. AND DUE TO THE CAUSE(S) STATED, AND THAT  
 21b. **PATRICK K. O'NEIL**  
 21c. *Patrick K. O'Neil*  
 21d. **NOVEMBER 25, 1999**  
 21e. **8:46 P. M.**  
 21f. **DECEMBER 15, 1999**

**DISPOSITION**

23a. **BURIAL, CREMATION, REMOVAL (SPECIFY)**  
 23b. **BURIAL**  
 23c. **ELMWOOD CEMETERY**  
 23d. **HAMMOND, INDIANA**  
 23e. **BLACKBURN-TEGEBACH-SONNTAG FUNERAL HOME, 1500 BLACK RD., JOLIET, IL 60435**  
 23f. **034-015222**  
 23g. **DEC 15 1999**