

**CITY OF CHICAGO
DEPARTMENT OF PUBLIC HEALTH**

#11
CS
CAM

005727

STATE OF ILLINOIS

STATE OF ILLINOIS

NO.

MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER
601833
COUNTY OF COOK
CITY OF CHICAGO

FEB 10 2006

TERRY MASON M.D., 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 ORDINANCE OF SAID LAW AND ORDINANCES.

Crumpacker's Lake View Add
lots 17+18 Block B
25-42-0165-0017



FILED

MAR 15 2006

**PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR**

THIS CERTIFICATE COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.

1. DECEASED-NAME Charles A. Huffman		SEX Male		DATE OF DEATH (MONTH, DAY, YEAR) February 7, 2006	
2. COUNTY OF DEATH Cook		DATE OF BIRTH (MONTH, DAY, YEAR) June 21, 1947		IF HOSP. OR INST. INDICATE D.O.A. OPENER, RM, INPATIENT (SPECIFY) 9. NO	
3. CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER Chicago		HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) Northwestern Memorial		5c. INPATIENT (SPECIFY) 9. NO	
4. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) Chicago, Illinois		8a. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Married		5d. NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) Clarice Bills	
5. SOCIAL SECURITY NUMBER 38-38-4783		8b. USUAL OCCUPATION Customer Representative		12. EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) Elementary/Secondary (0-12) College (1-4 or 5-*) 4	
6. RESIDENCE (STREET AND NUMBER) 694 Ironwood Ave		13b. CITY, TOWN, TWP. OR ROAD DISTRICT NO. 607		13d. COUNTY Lake	
7. ZIP CODE 60640		14. RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) Black		13c. YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> SPECIFY: Yes	
8. FATHER'S NAME (FIRST, MIDDLE, LAST) Arthur Huffman		15. RELATIONSHIP Mito		17c. MAILING ADDRESS (STREET AND NO., OR R.F.D., CITY OR TOWN, STATE, ZIP) 251 E. Hubbard Chicago IL 60611	
9. MOTHER'S NAME (FIRST, MIDDLE, LAST) Bertha Huffman		16. MOTHER-NAME FIRST MIDDLE (MAIDEN) LAST Bertha Huffman Staten		17b. RECORDS Records	
10. IMMEDIATE CAUSE (Final disease or condition resulting in death) Septic shock		18. PART I. Enter the disease or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest. List only one cause on each line. (a) pulseless electrical activity arrest		19. AUTOPSY (YES/NO) (WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?) (YES/NO) NO YES	
11. CONDITIONS IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST (b) septic shock		19a. IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? NO		20c. YES <input type="checkbox"/> NO <input type="checkbox"/>	
12. PART II. Cite significant conditions contributing to death but not resulting in the underlying cause given in PART I. (c) presumed pneumonia		20. MAJOR FINDINGS OF OPERATION 0		21b. WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) NO	
21. DATE OF OPERATION, IF ANY 0		21a. (10) DID YOU ATTEND THE DECEASED AND LAST SAW HIM/LIVE ON End of ahead Feb 7, 2006		21c. HOUR OF DEATH 7:45 A.M.	
22. NAME AND ADDRESS OF CERTIFIER Joan Chen MS 251 E. Hubbard Chicago 60611		22a. SIGNATURE <i>Joan Chen</i>		22b. DATE SIGNED (MONTH, DAY, YEAR) Feb 7, 2006	
23. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) Dr. Terry Mason MD		22c. ILLINOIS LICENSE NUMBER 225-48948		22d. ILLINOIS LICENSE NUMBER	
24. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		24a. CEMETERY OR CREMATORY-NAME Restvale Cemetery		24b. DATE (MONTH, DAY, YEAR) Feb 13, 2006	
25. FUNERAL HOME Ridge Lawn Funeral Home		24c. LOCATION Alsip Illinois		24d. DATE (MONTH, DAY, YEAR)	
26. FUNERAL DIRECTOR'S SIGNATURE <i>Terry Mason MD</i>		24e. STREET AND NUMBER OR R.F.D. 4001 W. Ridge Rd. Gary Indiana 46408		24f. CITY OR TOWN STATE ZIP	
27. LOCAL REGISTRAR'S SIGNATURE <i>Terry Mason MD</i>		25. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034-01164		25a. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) FEB 10 2006	
28. LOCAL REGISTRAR'S SIGNATURE <i>Terry Mason MD</i>		26. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) FEB 10 2006		26a. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)	

Declaration

This form is to be signed by the preparer of a document and recorded with each document in accordance with IC 36-2-7.5-5(a).

I, the undersigned preparer of the attached document, in accordance with IC 36-2-7.5, do hereby affirm under the penalties of perjury:

1. I have reviewed the attached document for the purpose of identifying and, to the extent permitted by law, redacting all Social Security number in attached document.
2. I have redacted, to the extent permitted by law, each Social Security number in the attached document.

I, undersigned, affirm under the penalties of perjury, that the foregoing declarations are true.



Marie Bills
Signature of Declarant

MARIE BILLS
Printed Name of Declarant