

926-6678  
**TICOR HO**  
 27-628-35(16)

PRINTED BY AUTHORITY OF THE STATE OF ILLINOIS

DECEASED'S BIRTH NO. \_\_\_\_\_  
 REGISTRATION DISTRICT NO. 45.0b  
 REGISTERED NUMBER 870  
 STATE OF ILLINOIS  
**MEDICAL CERTIFICATE OF DEATH**  
 STATE FILE NUMBER \_\_\_\_\_

Type or Print in PERMANENT INK See Funeral Directors, Hospital, or Physicians Handbook for INSTRUCTIONS  
 DECEASED-NAME FIRST MIDDLE LAST  
 1. **Viola I. Croffoot**  
 COUNTY OF DEATH Kane  
 4. CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER  
 6a. **Elgin**  
 BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) **7. Bartlett, IL**  
 SOCIAL SECURITY NUMBER **304-14-6671**  
 RESIDENCE (STREET AND NUMBER) **182629 Georgetown Drive**  
 STATE **Indiana**  
 ZIP CODE **46322**  
 RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) **White**  
 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) **8a. Widowed**  
 USUAL OCCUPATION **11. Homemaker**  
 NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) **8b. Provina St. Joseph Hospice**  
 HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) **8c. Inpatient**  
 SEX **Female**  
 DATE OF BIRTH (MONTH, DAY, YEAR) **3 December 3, 1913**  
 DATE OF DEATH (MONTH, DAY, YEAR) **3 December 3, 2005**  
 IF HOSP. OR INST. INDICATE D.O.A. (OPENED, R.M., INFANT) (SPECIFY) **9. NO**  
 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO) **9. NO**

PARENTS  
 1. **James Hahn**  
 2. **Eugene Hahn**  
 3. **Lies**  
 4. **Lies**  
 5. **Lies**  
 6. **Lies**  
 7. **Lies**  
 8. **Lies**  
 9. **Lies**  
 10. **Lies**  
 11. **Lies**  
 12. **Lies**  
 13. **Lies**  
 14. **Lies**  
 15. **Lies**  
 16. **Lies**  
 17. **Lies**  
 18. **Lies**  
 19. **Lies**  
 20. **Lies**  
 21. **Lies**  
 22. **Lies**  
 23. **Lies**  
 24. **Lies**  
 25. **Lies**  
 26. **Lies**  
 27. **Lies**  
 28. **Lies**  
 29. **Lies**  
 30. **Lies**

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.  
 Immediate Cause (Final disease or condition resulting in death) **(a) Intercardial bleed**  
 DUE TO, OR AS A CONSEQUENCE OF **(b) Congestive**  
 IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF **(c) Deventia**  
 CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STARTING THE UNDERLYING CAUSE LAST.

19. 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  
 (10) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON **12/2/05**  
 TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.  
 21a. **NO**  
 WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO)  
 21b. **NO**  
 IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? **20c. YES [ ] NO [X]**  
 DATE SIGNED **21c. 1:40 AM**  
 (MONTH, DAY, YEAR) **22c. 6, 2005**  
 ILLINOIS LICENSE NUMBER **22d. 030-104313**

23. NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)  
**23c. Shona Ahuja MD 1276 W. Spring St. Elgin, IL. 60177**  
 NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)

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 34. SEX  
 35. DATE OF BIRTH (MONTH, DAY, YEAR)  
 36. DATE OF DEATH (MONTH, DAY, YEAR)  
 37. IF HOSP. OR INST. INDICATE D.O.A. (OPENED, R.M., INFANT) (SPECIFY)  
 38. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO)

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**FILED** I HEREBY CERTIFY that the foregoing is a true and correct copy of the record on file in my office.  
 AUG 29 2006  
 Dated at Elgin, Illinois on December 6, 2005  
 Signed *Shawn O'Leary*  
 DEPUTY LOCAL REGISTRAR  
 016772

REGGCV HOLINGA KATONA  
 LAKE COUNTY AUDITOR

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 KP  
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