

Key # 43-285-35
Certified Copy of a Death Record

PERMANENT CERTIFICATE
 TEMPORARY CERTIFICATE

REGISTRATION DISTRICT NO. 1692
 REGISTERED NUMBER 1449

319 NOV 05

STATE OF ILLINOIS

STATE FILE NUMBER

MEDICAL EXAMINER'S - CORONER'S CERTIFICATE OF DEATH

Type, or Print in PERMANENT INK See Coroner's or Funeral Directors Handbook for INSTRUCTIONS

DECEASED

B
C
D
E

PARENTS

CAUSE

N
P
H.G.
RIF
UNK
CERTIFIER

DISPOSITION

1. DECEASED-NAME FIRST MIDDLE LAST DANIEL SPENCER		SEX 2. MALE	DATE OF DEATH (MONTH, DAY, YEAR) 3. NOV. 20, 2005
4. COUNTY OF DEATH COOK		AGE-LAST BIRTHDAY (YRS) 5a. 54	DATE OF BIRTH (MONTH, DAY, YEAR) 5d. August 11, 1951
6a. PROVISO TWP		6b. LOYOLA HOSPITAL	
BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) 7. Cleveland, Ohio		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 8a. Married	NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) 8b. Janice Pinkins
SOCIAL SECURITY NUMBER 10. 307-58-7604		USUAL OCCUPATION 11a. lotstrip	KIND OF BUSINESS OR INDUSTRY 11b. Mittal Steel
RESIDENCE (STREET AND NUMBER) 13a. 5410 BUCHANAN		CITY, TOWN, TWP, OR ROAD DISTRICT NO. 13b. MERRIVILLE	INSIDE CITY (YES/NO) 13c. YES
STATE 13e. INDIANA	ZIP CODE 13f. 46410	RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) 14a. BLACK	OF HISPANIC ORIGIN? (SPECIFY NO OR YES) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> SPECIFIED
FATHER-NAME FIRST MIDDLE LAST 15. Willie Spencer		MOTHER-NAME FIRST MIDDLE (MAIDEN) LAST 16. Maggie Mae Wallace	
INFORMANT'S NAME (TYPE OR PRINT) 17a. Janice Spencer		RELATIONSHIP 17b. Wife	MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) 17c. 5410 Buchanan Street Merriville, IN 46410
18. PART I. Enter the diseases, injuries, 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) THERMAL INJURIES DUE TO, OR AS A CONSEQUENCE OF (b) CHEMICAL EXPLOSION! DUE TO, OR AS A CONSEQUENCE OF (c) _____		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 050	
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.			
NATURAL, ACCIDENT, HOMICIDE, SUICIDE, UNDETERMINED, (SPECIFY) 20a. ACCIDENT		DATE OF INJURY (MONTH, DAY, YEAR) 20b. NOV. 18, 2005	HOW INJURY OCCURRED (ENTER NATURE OF INJURY MENTIONED IN PART I OR PART II, ITEM 18) 20d. CHEMICAL EXPLOSION OCCURRED ON CATWALK
INJURY AT WORK (YES/NO) 20e. YES	PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.) (SPECIFY) 20f. STEEL MILL	LOCATION (CITY, VIL OR TOWN, OR TWP., OR RD. DIST. NO., COUNTY, STATE) 20g. EAST CHICAGO, LAKE INDIANA	IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? 20h. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
I CERTIFY THAT IN MY OPINION BASED UPON MY INVESTIGATION AND/OR THE INQUIRY, THIS DEATH OCCURRED ON THE DATE, AT THE PLACE AND DUE TO THE CAUSE(S) STATED, AND THAT _____		THE DECEDENT WAS PRONOUNCED DEAD ON _____ AT _____ 21b. NOV. 20, 2005 21c. 12:19P. M.	
CORONER'S MEDICAL EXAMINER'S SIGNATURE 22a. <i>[Signature]</i>		DATE SIGNED (MONTH, DAY, YEAR) 22b. NOV. 22, 2005	
CORONER'S PHYSICIAN'S NAME (Type or Print) 22a. MICHELLE A. JORDEN, M.D.		DATE SIGNED (MONTH, DAY, YEAR) 22b. NOV. 22, 2005	
BURIAL, CREMATION, REMOVAL (SPECIFY) 24a. BURIAL		CEMETERY OR CREMATORY-NAME 24b. EVERGREEN	LOCATION CITY OR TOWN STATE 24c. Hobart IN
FUNERAL HOME 25a. Guy's Allen F.D. 2959 W 11th Ave Gary IN 46404		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 25c. 034-014941	
LOCAL REGISTRAR'S SIGNATURE 26a. <i>[Signature]</i>		DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) 26b. November 29, 2005	

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 OCT 20 2006 DEBBE HOLLINGA RATONA SIGNED [Signature] **22333**
 AT BROADVIEW, ILLINOIS Illinois OFFICIAL TITLE LOCAL REGISTRAR OF VITAL STATISTICS

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 of the facts.