VR202 (Rev. 5/89)

DAVID ORR, County Clerk

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.

		Ley# 36-46-8				Haid On			
			J4-	- TIE 0	cou	NTY CLERK			
			4 M P	_		90			
PERMANENT	REGISTRATION	···· •	SEPO			NUME	E FILE BER		
CERTIFICATE	DISTRICT NO. 16.0	ME		KAMINER'S — C TIFICATE OF DE		ł'S	•		
TEMPORARY CERTIFICATE	REGISTERED NUMBER								
Type, or Print in PERMANENT INK	52021.000	IRST	MIDDLE	FARMER	2. MALE	_	(MONTH, DAY, YEAR)	· C .	
See Coroner's or Funeral Directors	COUNTY OF DEATH		GE-LAST IRTHDAY (YRS)	UNDER 1 YEAR UNDER 1 MOS. DAYS HOURS	DAY DATE OF E	BIRTH (MONTH, DAY, YE	EAR)	<u> </u>	
Handbook for INSTRUCTIONS	4. COCIL CITY, TOWN, TWP, OR ROAD DISTRIC	5	ia.71	5b. 5c. ER INSTITUTION-NAME (IF NOT II	5d.Aug	ust 16, 19	935 HOSP, OR INST, INDICATE D.C	O.A.,	
	6a. OLYMPIA FIELDS		60. OLYMPIA FIELDS HOSPI			· c	OP/EMER, RM, INPATIENT (SPECIFY) 6C. INCATIENT		
DECEASED	BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)	MARRIED, NEVER WIDOWED, DIVOR	MARRIED, ICED (SPECIFY)	NAME OF SURVIVING SPOU	SE (MAIDEN NAME, IF	WIFE)	WAS DECEASED EV		
	CrownPoint, IN SOCIAL SECURITY NUMBER	8aMarried		8b. Joyce B1a	JSTRY EDUCA		IGHEST GRADE COMPLETED)		
C	10. 306-34-5953	Maintena 11a.	nce achinist	11b. Steel	12.	ry/Secondary (0-12)	Collide 4 or 514		
D	RESIDENCE (STREET AND NUMBER)			TOWN, TWP, OR ROAD DISTR	RICT NO.	(YES/NO) TY	COUNTYN (TA)		
E	13a. 55/2 ALICE A	DE RACE	(WHITE, BLACK, AME N, etc.) (SPECIFY)	HAMMOND ERICAN OF HISPANIC C	ORIGIN? (SPECIFY NO	ORYES IF YES, SPECIF	CUBAN MEXICAN PUERTORI	iCAN, etc.)	
Ļ			WHITE	14b. X NO	YES	SPECIFY:	<u> </u>		
PARENTS	FATHER-NAME FIRST 15. James	Farmer	- tasi-	s the niener		ilder Slee			
	INFORMANT'S NAME (TYPE OR PRINT)	the La	R	ELATIONSHIP MAILING	ADDRESS (STREE	T AND NO. OR R.F.D.! CID	YOR TOWN, STATE, ZIP)		
	17a. Joyce Farmer			7b. Wife 17c5 5 caused the death. Do not enter the	e mode c lying, c	A re . mam	ory APPROXIMATE INTE		
2	Immediate Cause (Final	hock, or heart failure	. List only one cau	se on each line.			<u> </u>		
3	disease or condition resulting in death)	CRANIC JETO, ORAS A CON	CEREBR SEQUENCE OF	AL INTURIES	DE	C 2 1 2006			
5	CONDITIONS, IF ANY WHICH GIVE RISE TO	FALL F	ROM HE	_		HOLINGA K	ATONA		
CAUSE	IMMEDIATE CAUSE (a) STATING THE UNDERLYING	JETO, ORAS A CON	SEQUENCE OF		I AKE O	OUINTY AU	שויטו		
CAUSE	PART II. Other significant conditions contributions	uting to death but not resul	ting in the underlying ca	use given in PART I.	8007	AUTOPSY	WERE ALTOPSY ENDINGS AVAILAR	SLE PRIOR TO ? (YES/NO)	
N	NATURAL, ACCIDENT, HOMICIDE,	DATEOF	INJURY (MONTH, DA	Y,YEAR) HOUR	HOW INJURY O	CCURRED (ENTER N.	19b. 4 5 SATURE OF INJURY MENTIONE	ED IN	
P	SUICIDE UNDETERMINED, (SPECIFY)		TEMBER IS	2 00-1 2005: 00f.M	PART I OR PART II	FRUM ROOF	יושך		
	(YES/NO) FACTORY, OFFI	JURY (AT HOME, FARM CE BUILDING, ETC.) (SF	PECIFY)	CATION (CITY, VIL. OR TOWN; OR	,	< a	IF FEMALE, WAS THER	EMONTHS?	
H.G	20e. NO 20f. HOM I CERTIFY THAT IN MY OPINI	ON BASED UPON N	Y INVESTIGATION	ANDIOIT	TWAS PRONOUNC		20h. YES 🗌	NO []	
UNK	21a. AND DUE TO THE CAUSE(S)	STATED, AND THA	THE DATE, AT II	21b. 5 7 7 E		DATE SIGNED	21c. 2:50 (MONTH, DAY, YEAR)	<u> </u>	
CERTIFIER	CORONER'S - MEDICAL EXAMINER'S 22a.	SIGNATURE	777 N. 2	All from	mazus	1	MBER 21, 20	206	
	CORONER'S PHYSICIAN'S NAME (T	ype or Inine	4	TERA A. JONES,	Un	DATE SIGNED	(MONTH, DAY, YEAR)		
}	23a. BURIAL, CREMATION, CEM	ETERY OR CREMAT	ORY- <i>NAME</i>		CITY OR TOWN	23b. STATE	DATE (MONTH, DAY,	YEAR)	
	REMOVAL (SPECIFY)			matorv ^{24c} Gary,	Indiana		24d Sept. 2	5 , 2006	
DISPOSITION	FUNERAL HOME 1	IAME	STREET AND NUMBE	R OR R.F.D.	CITY OF	R TOWN	STATE ZIF	*#1	
	25a. Aero Removals FUNERAL DIRECTOR'S SIGNATURE	JIJ N. GA	rrrerd	Lombard, IIIIn) NERAL DIRECTOR'S ILLING	DIS LICENSE NUMBER	5	
Į	25b. Victoria	V. Bat	ucci			c. 34-01596		 .	
	LOCAL REGISTBAR'S SIGNATURE	18/3	1 _	Shin	DA1		SISTRAR (MONTH, DAY, YEAR ST. 200 C	"CY	

Illinois Department of Public Health—Division of Vital Records

(BASED ON 1989 U.S. STANDARD CERTIFICATE)