

MEDICAL CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. 16-10

REGISTERED NUMBER

1. DECEASED-NAME FIRST MIDDLE LAST: **BLAYN E. HUGHES** SEX: **2. MALE** DATE OF DEATH (MONTH, DAY, YEAR): **3. MAY 5, 2007**

2. COUNTY OF DEATH: **COOK** DATE OF BIRTH (MONTH, DAY, YEAR): **July 12, 1935**

3. CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER: **CHICAGO** IF HOSP. OR INST. INDICATE D.O. OF ENTRY IN THIS SPACE: **INPATIENT**

4. BIRTH PLACE (CITY AND STATE OR FOREIGN COUNTRY): **Harvey, IL** MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): **8a. Married**

5. SOCIAL SECURITY NUMBER: **331-28-0907** NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE): **8b. Arlene Smith**

6. RESIDENCE (STREET AND NUMBER): **8750 Erie Street** CITY, TOWN, TWP. OR ROAD DISTRICT NO.: **Highland** INSIDE CITY (YES/NO): **Yes** COUNTY: **Lake**

7. RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY): **White** OF HISPANIC ORIGIN? (SPECIFY NO OR YES - IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN): **NO**

8. FATHER-NAME FIRST MIDDLE LAST: **Ernest Hughes** MOTHER-NAME FIRST MIDDLE LAST: **DeVere Ellis**

9. INFORMANT'S NAME (TYPE OR PRINT): **MAYBLEINE GIGGERS** RELATIONSHIP: **HOSPITAL** MAILING ADDRESS (STREET AND CITY OR TOWN, STATE, ZIP): **584 SOUTH MARYLAND CHICAGO, ILLINOIS 60637**

10. IMMEDIATE Cause (Final disease or condition resulting in death): **(a) CORONARY ARTERY DISEASE**

11. CONDITIONS IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a): **(b) CONGESTIVE HEART FAILURE**

12. STATE THE UNDERLYING CAUSE LAST: **(c)**

13. PART II: Other significant conditions contributing to death but not resulting in the underlying cause given in PART I:

14. DATE OF OPERATION, IF ANY: **20b.** MAJOR FINDINGS OF OPERATION: **20c. YES NO**

15. (DID) DID NOT ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON: **MAY 5, 2007** HOUR OF DEATH: **3:11 PM**

16. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED:

17. SIGNATURE: **Richard Fessler** NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT): **5841 SOUTH MARYLAND CHICAGO, ILLINOIS 60637**

18. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT): **RICHARD FESSLER, MD**

19. BURIAL CEMETERY OR CREMATORY-NAME: **Creamtion** LOCATION: **Dolton, Illinois** STATE: **Illinois** DATE (MONTH, DAY, YEAR): **May 10, 2007**

20. FUNERAL HOME: **Blake-Lamb Funeral Home** NAME: **Blake-Lamb Funeral Home** ADDRESS: **4727 West 105th St. Oak Lawn, IL 60453** agent for: **agent for: 46322**

21. FUNERAL HOME: **Kuiper Funeral Home** ADDRESS: **9039 Kleinman Road Highland Indiana 46322**

22. FUNERAL DIRECTOR'S SIGNATURE: **Jerry Mason** FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER: **034-011664**

23. LOCAL REGISTRAR'S SIGNATURE: **Jerry Mason** DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR): **MAY - 9 2007**

CITY OF CHICAGO DEPARTMENT OF PUBLIC HEALTH

STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

MICHAEL BROWN RECORDER

Straker's Acres 551.4ft of lot 6 16-27-0625-0008



FILED

MAY 16 2007

PEGGY HOLINGA KATONA LAKE COUNTY AUDITOR

THIS CERTIFICATE COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.

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