

STATE OF ILLINOIS  
County of Cook

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.

*David Orr*

COUNTY CLERK

DECEDENT'S BIRTH NO.		REGISTRATION DISTRICT NO. <b>16.0</b>	STATE OF ILLINOIS		STATE FILE NUMBER	
		REGISTERED NUMBER	<b>MEDICAL CERTIFICATE OF DEATH</b>			
Type or Print in PERMANENT INK See Funeral Directors, Hospital, or Physicians Handbook for INSTRUCTIONS	DECEASED-NAME FIRST MIDDLE LAST		SEX	DATE OF DEATH (MONTH, DAY, YEAR)		
	1. ROBERT H. AUTER		2. MALE	3. OCTOBER 21, 2006		
	COUNTY OF DEATH		AGE-LAST BIRTHDAY (YRS)	UNDER 1 YEAR MOS. DAYS	UNDER 1 DAY HOURS MIN.	DATE OF BIRTH (MONTH, DAY, YEAR)
	4. COOK		5a. 77	5b.	5c.	5d. DECEMBER 30, 1928
	CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER		HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)		IF HOSP. OR INST. INDICATED D.O.A., OP, EMER, RM, INPATIENT (SPECIFY)	
	6a. SOUTH HOLLAND		6b. MANOR CARE		6c. INPATIENT	
	BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)	NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE)		WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO)
	7. COVINGTON, IN.		8a. MARRIED	8b. TERUKO SATO		9. YES
	SOCIAL SECURITY NUMBER		USUAL OCCUPATION	KIND OF BUSINESS OR INDUSTRY	EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED)	
	10. 314-26-6349		11a. SUPERVISOR	11b. BAKERY	12. 12	
RESIDENCE (STREET AND NUMBER)		CITY, TOWN, OR ROAD DISTRICT NO.		INSIDE CITY (YES/NO)	COUNTY	
13a. 5530 HOMERLEE AVENUE		13b. EAST CHICAGO		13c. YES	13d. LAKE	
STATE		ZIP CODE	RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY)	OF HISPANIC ORIGIN? (SPECIFY NO OR YES-IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.)		
13e. INDIANA		13f. 46312	14a. WHITE	14b. <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES SPECIFY:		
FATHER-NAME FIRST MIDDLE LAST		MOTHER-NAME FIRST MIDDLE LAST		16. UNAVAILABLE		
15. HARRY AUTER						
INFORMANT'S NAME (TYPE OR PRINT)		RELATIONSHIP	MAILING ADDRESS (STREET AND NO OR R.F.D., CITY OR TOWN, STATE, ZIP)			
17a. TERUKO AUTER		17b. WIFE	17c. 5530 HOMERLEE AVE., EAST CHICAGO, IN. 46312			
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.						
Immediate Cause (Final disease or condition resulting in death)		(a) Aspiration Pneumonia		DUE TO, OR AS A CONSEQUENCE OF		
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.		(b) Right Hemiplegia		DUE TO, OR AS A CONSEQUENCE OF		
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.		(c) Non Insulin Dependent Diabetes				
Hypertension						
DATE OF OPERATION, IF ANY		MAJOR FINDINGS OF OPERATION		IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS?		
20a.		20b.		20c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A		
1 (DID) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON		(MONTH, DAY, YEAR)		WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO)		
21a. 10/19/06				21b. YES		
TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.		HOUR OF DEATH		DATE SIGNED (MONTH, DAY, YEAR)		
22a. SIGNATURE <i>P. Parikh</i>		21c. 8:45 AM		22b. October 23, 2006		
NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)		ILLINOIS LICENSE NUMBER		22d. 036-094269		
22c. Dr. P. Parikh 15437 Cottage Grove Dolton, IL. 60419						
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)		NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.				
23.						
BURIAL, CREMATION, REMOVAL (SPECIFY)	CEMETERY OR CREMATORY-NAME	LOCATION	CITY OR TOWN	STATE	DATE (MONTH, DAY, YEAR)	
24a. CREMATION	24b. COMMUNITY CREMATION	24c. SCHERERVILLE, INDIANA			24d. OCT. 24, 2006	
FUNERAL HOME	NAME	STREET AND NUMBER OR R.F.D.	CITY OR TOWN	STATE	ZIP	
25a. FRANK F. OPYT FUNERAL HOME		13350 BALTIMORE AVENUE, CHICAGO, ILLINOIS 60633				
FUNERAL DIRECTOR'S SIGNATURE		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER		DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)		
25b. <i>Leo Francis Stodden</i>		25c. 034-012311		26b. OCT 24 2006 007257		
LOCAL REGISTRAR'S SIGNATURE		DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)				
26a. <i>David Orr</i>						

VR200 (Rev. 1/89)

Illinois Department of Public Health - Office of Vital Records

(BASED ON 1989 U.S. STANDARD CERTIFICATE)

TICOR HO

26-35-212-2

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