

DISTRICT NO. **1b.IV**
 REGISTERED NUMBER

MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER
610659

key # 49-415-1

DECEASED-NAME FIRST LARRY	MIDDLE Wayne	LAST KEMPER	SEX 2. MALE	DATE OF DEATH (MONTH, DAY, YEAR) 3. JULY 31, 2006
COUNTY OF DEATH 4. COOK	AGE-LAST BIRTHDAY (YRS) 5a. 56	UNDER 1 YEAR MOS. 5b. DAYS 5c. HOURS 5d. MIN.	DATE OF BIRTH (MONTH, DAY, YEAR) 5d. March 15, 1950	CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER 6a. CHICAGO
BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) 7. Bytheille, Ark.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 8a. Married	NAME OF SURVIVING SPOUSE (MAIDEN NAME, F WIFE) 8b. Janice Kirby	EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) Elementary/Secondary (0-12) 9. No College (1-4 or 5+) 9. No	
SOCIAL SECURITY NUMBER 316-54-6818	USUAL OCCUPATION 11a. Laborer	KIND OF BUSINESS OR INDUSTRY 11b. Construction	IF HOSP. OR INST. INDICATE D.O.A. OF IEMER, F.M. INPATIENT (SPECIFY) 6c. INPATIENT	
RESIDENCE (STREET AND NUMBER) 13a. 7235 West 25th. Ave.	CITY, TOWN, TWP. OR ROAD DISTRICT NO. 13b. Gary	INSIDE CITY (YES/NO) 13c. Yes	COUNTY Lake	WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO) 9. No
STATE Indiana	RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) 14a. White	OF HISPANIC ORIGIN? (SPECIFY NO OR YES-IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.) 14b. NO	MOTHER-NAME FIRST MIDDLE Sylvia	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
FATHER-NAME FIRST MIDDLE Delbert Guy	RELATIONSHIP 17b. RECORDS	MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) 17c. 5841 MARYLAND CHICAGO, IL 60637	(MAIDEN) LAST Whitlock	
INFORMANT'S NAME (TYPE OR PRINT) 17a. MARIBEL MARADIAGA PIGNATTA	Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest. List only one cause on each line. 18. PART I. Immediate Cause (Final disease or condition resulting in death) (a) CORONARY ARTERY DISEASE DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c) DUE TO, OR AS A CONSEQUENCE OF	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO) 19b. NO		
DATE OF OPERATION, IF ANY 20a.	MAJOR FINDINGS OF OPERATION 20b.	IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? 20c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
(DID) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON 21a.	TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED. 21b. YES	DATE SIGNED (MONTH, DAY, YEAR) 21c. 8:33 AM.		
NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) 22a. SAMUEL KINGSLEY MD, 5841 MARYLAND CHICAGO, IL 60637	NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) 22c. JAISHANKAR RAMAN MD, 5841 MARYLAND CHICAGO, IL 60637	ILLINOIS LICENSE NUMBER 22d. 125-049453		
BURIAL CREMATION, REMOVAL (SPECIFY) 24a. Burial	CEMETERY OR CREMATORY-NAME 24b. Chapel Lawn Mem. Grds.	NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.		
FUNERAL HOME 25a. Chapel Lawn Funeral Home	STREET AND NUMBER OR R.F.D. 8178 Cline Avenue	DATE (MONTH, DAY, YEAR) 24d. Aug. 5, 2006		
FUNERAL DIRECTOR'S SIGNATURE 25b. David A. Barber	CITY OF TOWN Schererville, Indiana	STATE Indiana		
LOCAL REGISTRAR'S SIGNATURE Gary Stacey m	FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034-012213	DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) AUG 2 2006		
26a.				

**CITY OF CHICAGO
 DEPARTMENT OF PUBLIC HEALTH**

I, TERRY MASON M.D., LOCAL REGISTRAR OF VITAL STATISTICS OF THE CITY OF CHICAGO, DO HEREBY CERTIFY THAT I AM THE KEEPER OF THE RECORDS OF BIRTHS, STILLBIRTHS AND DEATHS FOR THE CITY OF CHICAGO BY VIRTUE OF THE LAWS OF THE STATE OF ILLINOIS AND THE ORDINANCES OF THE CITY OF CHICAGO; THAT THE ACCOMPANYING CERTIFICATE ON THIS SHEET IS A TRUE COPY OF A RECORD KEPT BY ME IN OBTAINANCE OF SAID LAW AND ORDINANCES.

07 045460



STATE OF INDIANA
 LAKE COUNTY
 FILED FOR RECORDS
 JUN 14 AM 4
 CHATTAUGAY RECORDS

FILED

JUN 05 2006

PEGGY HOLINGA KATONA
 LAKE COUNTY AUDITOR

THIS CERTIFICATE COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.

021382

(BASED ON 1989 U.S. STANDARD CERTIFICATE)

Illinois Department of Public Health—Division of Vital Records

VR200 (Rev. 5/89)