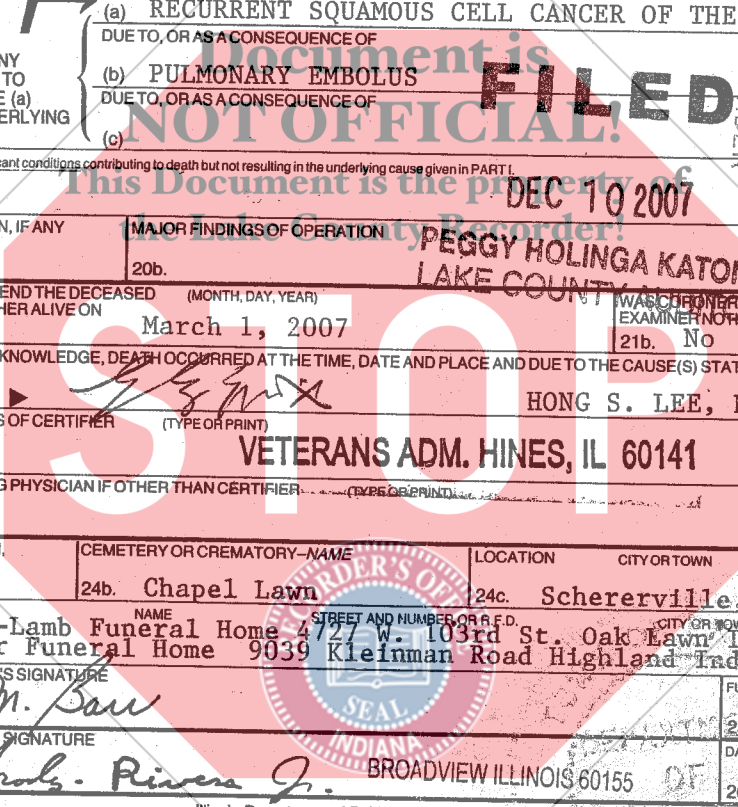


# Certified Copy of a Death Record

<b>DECEDENT'S BIRTH NO.</b>	REGISTRATION DISTRICT NO. <b>16.92</b>	<b>STATE OF ILLINOIS</b>		STATE FILE NUMBER	
	REGISTERED NUMBER <b>227</b>	<b>MEDICAL CERTIFICATE OF DEATH</b>			
Type or Print in PERMANENT INK See Funeral Directors, Hospital, or Physicians Handbook for INSTRUCTIONS  DECEASED  PARENTS  CAUSE  CERTIFIER  DISPOSITION	1. DECEASED-NAME FIRST MIDDLE LAST <b>J W Garner</b>		2. SEX <b>Male</b>	3. DATE OF DEATH (MONTH, DAY, YEAR) <b>March 1, 2007</b>	
	4. COUNTY OF DEATH <b>COOK</b>		5a. AGE-LAST BIRTHDAY (YRS) MOS. DAYS <b>74</b>	5b. UNDER 1 YEAR 5c. UNDER 1 DAY 5d. DATE OF BIRTH (MONTH, DAY, YEAR) <b>January 13, 1933</b>	
	6a. CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER <b>PROVISO TOWNSHIP</b>		6b. HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) <b>VETERANS ADM. HINES, IL 60141</b>		
	7. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) <b>Blount County, AL</b>		8a. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <b>Married</b>	8b. NAME OF SURVIVING SPOUSE, (MAIDEN NAME, IF WIFE) <b>Annetta Jean Taylor</b>	
	10. SOCIAL SECURITY NUMBER <b>423 38 6598</b>		11a. USUAL OCCUPATION <b>Operating Engineering</b>	11b. KIND OF BUSINESS OR INDUSTRY <b>Local 12</b>	
	13a. RESIDENCE (STREET AND NUMBER) <b>8123 Robertson Place</b>		13b. CITY, TOWN, TWP. OR ROAD DISTRICT NO. <b>Highland</b>	13c. INSIDE CITY (YES/NO) <b>YES</b>	13d. COUNTY <b>Lake</b>
	13e. STATE <b>Indiana</b>		13f. ZIP CODE <b>46322</b>	14a. RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) <b>White</b>	
	15. FATHER-NAME FIRST MIDDLE LAST <b>Claude Garner</b>		16. MOTHER-NAME FIRST MIDDLE (MAIDEN) LAST <b>Della (Hickbottom)</b>		
	17a. INFORMANT'S NAME (TYPE OR PRINT) <b>Sheryl Tisdale</b>		17b. RELATIONSHIP <b>Medical Records</b>	17c. MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) <b>VETERANS ADM. HINES, IL 60141</b>	
	18. PART I. Immediate Cause (Final disease or condition resulting in death) <b>(a) RECURRENT SQUAMOUS CELL CANCER OF THE HEAD AND NECK</b>		18. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.		
19a. AUTOPSY (YES/NO) <b>No</b>		19b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO) <b>No</b>			
20a. DATE OF OPERATION, IF ANY		20b. MAJOR FINDINGS OF OPERATION <b>PEGGY HOLINGA KATONA LAKE COUNTY</b>			
21a. I (DID, DID NOT) ATTEND THE DECEASED (MONTH, DAY, YEAR) AND LAST SAW HIM/HER ALIVE ON <b>March 1, 2007</b>		21b. WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) <b>No</b>			
22a. SIGNATURE <b>HONG S. LEE, MD</b>		22b. DATE SIGNED (MONTH, DAY, YEAR) <b>MARCH 1, 2007</b>			
22c. NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) <b>VETERANS ADM. HINES, IL 60141</b>		22d. ILLINOIS LICENSE NUMBER <b>125050225</b>			
23. BURIAL CREMATION, REMOVAL (SPECIFY) <b>Burial</b>		24b. CEMETERY OR CREMATORY-NAME <b>Chapel Lawn</b>		24c. LOCATION CITY OR TOWN STATE <b>Schererville, Indiana</b>	
24a. FUNERAL HOME NAME STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE <b>Blake-Lamb Funeral Home 4727 W. 103rd St. Oak Lawn, IL 60453</b>		24d. DATE (MONTH, DAY, YEAR) <b>March 6, 2007</b>			
25a. FUNERAL HOME NAME STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE <b>Kuiper Funeral Home 9039 Kleinman Road Highland Indiana, 46322</b>		25b. FUNERAL DIRECTOR'S SIGNATURE <b>W. M. Saw</b>			
25c. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER <b>34-11059</b>		25d. LOCAL REGISTRAR'S SIGNATURE <b>Grady Rivers Jr.</b>			
26a. LOCAL REGISTRAR'S SIGNATURE <b>Grady Rivers Jr.</b>		26b. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) <b>March 6, 2007</b>			

16-27-0216-0046  
 Resub job B  
 to 22 Bl. 64  
 lots 1650 Bl 7  
 Wicker Park  
 Manor  
 lot 46 Block 7



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 **MAR 06 2007** SIGNED **Grady Rivers Jr. 024271**

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 therein stated.