

STATE FILE NUMBER  
13855

STATE OF ILLINOIS

# MEDICAL CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. **16.10**  
REGISTERED NUMBER

DECEASED-NAME: **Terry O. Setler** (FIRST, MIDDLE, LAST)  
 SEX: **Male**  
 DATE OF DEATH: **Oct. 3, 2004** (MONTH, DAY, YEAR)  
 COUNTY OF DEATH: **Cook**  
 CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER: **Chicago**  
 AGE-LAST BIRTHDAY (YRS): **74** (5a)  
 UNDER 1 DAY (MOS, HOURS, MIN): **5c**  
 DATE OF BIRTH: **June 1, 1930** (MONTH, DAY, YEAR)  
 HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT NEITHER, GIVE STREET AND NUMBER): **Rush University Medical Center**  
 NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE): **Betty L. Diamond**  
 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): **Married**  
 USUAL OCCUPATION: **Supervisor**  
 CITY, TOWN, TWP, OR ROAD DISTRICT NO.: **Inland Steel**  
 INSIDE CITY (YES/NO): **No**  
 COUNTY: **Berrien**  
 RESIDENCE (STREET AND NUMBER): **14919 Batchelor Island**  
 CITY, TOWN, TWP, OR ROAD DISTRICT NO.: **Buchanan Township**  
 INSIDE CITY (YES/NO): **No**  
 COUNTY: **Berrien**  
 STATE: **Michigan**  
 ZIP CODE: **49107**  
 RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY): **White**  
 OF HISPANIC ORIGIN? (SPECIFY YES OR NO): **No**  
 MOTHER-NAME FIRST MIDDLE LAST: **N/A**  
 RELATIONSHIP: **Wife**  
 MAILING ADDRESS (STREET AND NO., OR R.F.D., CITY OR TOWN, STATE, ZIP): **17c. P.O. Box 106 Buchanan, MI 49107**  
 INFORMANT'S NAME (TYPE OR PRINT): **Betty L. Setler**  
 RELATIONSHIP: **Wife**  
 IMMEDIATE CAUSE (Final disease or condition resulting in death): **Sepsis**  
 (a) DUE TO, OR AS A CONSEQUENCE OF: **atrial fibrillation**  
 (b) DUE TO, OR AS A CONSEQUENCE OF: **Lung Cancer**  
 (c) STATING THE UNDERLYING CAUSE LAST: **Lung Cancer**  
 PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.  
 DATE OF OPERATION, IF ANY: **Oct. 2, 2004**  
 MAJOR FINDINGS OF OPERATION: **atrial fibrillation**  
 (DID) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON: **Oct. 2, 2004**  
 TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.  
 SIGNATURE: **John L. Wilhelm, MD**  
 NAME AND ADDRESS OF CERTIFIER: **John L. Wilhelm, MD, 1653 W. Congress Pkwy Chgo IL 60612**  
 NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT): **John L. Wilhelm, MD**  
 BURIAL CREMATION, REMOVAL (SPECIFY): **Cremation**  
 CEMETERY OR CREMATORY-NAME: **Forest Crematory**  
 LOCATION: **Romeoville, Illinois**  
 CITY OR TOWN: **Romeoville, Illinois**  
 STATE: **Illinois**  
 DATE (MONTH, DAY, YEAR): **10-6-2004**  
 FUNERAL HOME: **Forest Crematory**  
 STREET AND NUMBER OR R.F.D.: **1653 W. Congress Pkwy Chgo IL 60612**  
 CITY OR TOWN: **Romeoville, Illinois**  
 STATE: **Illinois**  
 ZIP: **60631**  
 FUNERAL DIRECTOR'S SIGNATURE: **Gerald Sullivan**  
 FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER: **25c. 034-011165**  
 LOCAL REGISTRAR'S SIGNATURE: **John L. Wilhelm, MD**  
 LOCAL REGISTRAR'S SIGNATURE: **John L. Wilhelm, MD**  
 DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR): **Oct 06 2004**  
 DATE OF DEATH: **Oct 03 2004**

CITY OF CHICAGO  
DEPARTMENT OF PUBLIC HEALTH

2007 0979

FILED  
John L. Wilhelm, MD  
LOCAL REGISTRAR

DEC 13 2007

PEGGY HOLINGA KATONA  
LAKE COUNTY AUDITOR

25083

THIS CERTIFICATE COPY VALID WHEN MULTICOLOR SIGNATURE SEALS AFFIXED.

NDG