

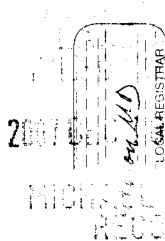
CITY OF CHICAGO  
DEPARTMENT OF PUBLIC HEALTH

18-15-0670-0020

STATE OF ILLINOIS  
COUNTY OF COOK  
CITY OF CHICAGO

NOV 13 2007

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.



**FILED**

DEC 18 2007

PEGGY HOLINGA KATONA  
LAKE COUNTY AUDITOR

25166

THIS CERTIFICATE COPY VALID WHEN  
MULTICOLOR SIGNATURE SEAL IS  
AFFIXED.

**MEDICAL CERTIFICATE OF DEATH** 614634

DECEASED-NAME FIRST MIDDLE LAST BRUNELL DANIELS		SEX 2 FEMALE	DATE OF DEATH (MONTH, DAY, YEAR) 3 OCTOBER 28, 2007
CITY OF DEATH COOK		AGE-LAST BIRTHDAY (YRS) 5a. 71	DATE OF BIRTH (MONTH, DAY, YEAR) 5d. October 28, 1936
CITY, TOWN, TWP. OR ROAD/DISTRICT NUMBER CHICAGO		HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN OTHER, GIVE STREET AND NUMBER) 6b. THE UNIVERSITY OF CHICAGO MEDICAL CENTER	
BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) 7. BATESVILLE MS		NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) 8b. RICHARD DANIELS	
MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 8a. MARRIED		KIND OF BUSINESS OR INDUSTRY 11b. HOSPITAL	
SOCIAL SECURITY NUMBER 10. 317-36-8876		EDUCATION (SPECIFY ONLY HIGH EST GRADE COMPLETED) 9. No	
RESIDENCE (STREET AND NUMBER) 13a. 1471 W 84th AVE		CITY, TOWN, TWP. OR ROAD/DISTRICT NO. 12. HOSPITAL	
STATE INDIANA		INSIDE CITY (YES/NO) YES	
FATHER-NAME FIRST MIDDLE LAST LESTER ROSEBOROUGH		MOTHER-NAME FIRST MIDDLE LAST BERNICE COLE	
INFORMANT'S NAME (TYPE OR PRINT) 17a. KRIS COLVIN		MAILING ADDRESS (STREET AND ROOM NO., CITY OR TOWN, STATE, ZIP) 17c. 3841 SOUTH MARYLAND CHICAGO, ILLINOIS 60637	
18. PART I. Enter the diseases, 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 one cause on each line. Immediate Cause (Final disease or condition resulting in death) (a) VENTRICULAR SEPTAL DEFECT DUE TO OR AS A CONSEQUENCE OF (b) DUE TO OR AS A CONSEQUENCE OF (c) DUE TO OR AS A CONSEQUENCE OF		19a. AUTOPSY (YES/NO) NO 19b. IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20b. MAJOR FINDINGS OF OPERATION OCTOBER 28, 2007		21c. HOUR OF DEATH 2:30 P.M.	
21a. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED. 21b. NO		22b. DATE SIGNED (MONTH, DAY, YEAR) OCTOBER 28, 2007	
22a. SIGNATURE <i>Sara Dickie</i>		22c. ILLINOIS LICENSE NUMBER 125-051067	
22c. NAME AND ADDRESS OF CERTIFIER SARA DICKIE, MD 3841 SOUTH MARYLAND CHICAGO, ILLINOIS 60637		22d. DATE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) OCTOBER 28, 2007	
23. VALLUVAN JEEVANANDAM, MD		24b. CITY OR TOWN INDIANA	
BURIAL, CREMATION, REMOVAL (SPECIFY) 24a. BULLIAL		24c. LOCATION GARY INDIANA	
24b. NAME DICKIE		24c. CITY OR TOWN INDIANA	
24b. STREET AND NUMBER OR R.F.D. FUNERAL HOME Tattler Funeral Home LTD 63 E 79th St Chicago Illinois 60619		24c. STATE INDIANA	
25b. FUNERAL DIRECTOR'S SIGNATURE <i>Mary Ann White</i>		25c. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034-011950	
25b. LOCAL REGISTRAR'S SIGNATURE <i>Terry Mason</i>		25c. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) NOV - 2 2007	
26b. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) NOV - 2 2007		26c. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) NOV - 2 2007	

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