REGISTRATION DISTRICT NO. 16.10

REGISTERED NUMBER

STATE OF ILLINOIS

STATE FILE NUMBER 1.15439

MEDICAL CERTIFICATE OF DEATH

1. DECEASED—NAME (FIRST)	(MIDDLE)	(LAST)	2. SEX	3. DATE OF DEATH (MONTH, DAY, YEAR)
Norma		Cort	Female	November, 22, 2007

4. COUNTY OF DEATH	5a. AGE—LAST BIRTHDAY (YRS)	5b. UNDER 1 YEAR MOS. / DAYS	5c. UNDER 1 DAY HOURS / MIN.	5d. DATE OF BIRTH (MONTH, DAY, YEAR)
Cook	81			May 22, 1926

6a. CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER	6b. HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)	6c. IF HOSP. OR INST., INDICATE D.O.A. (EMER. RM., INPATIENT (SPECIFY))
Chicago	Saint Joseph Hospital	Inpatient

2007 098950

7. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)	8a. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)	8b. NAME OF SURVIVING SPOUSE (MAIDEN NAME IF WIFE)	9. WAS DECEASED EVER IN ARMED FORCES? (YES/NO)
Chicago, IL	Widowed	None	No

10. SOCIAL SECURITY NUMBER	11a. USUAL OCCUPATION	11b. KIND OF BUSINESS OR INDUSTRY	12. EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) Elementary/Secondary (0-12)	College (1-4 or 5+)
353-16-2598	Antique Dealer	Self-Employed	12	2

13a. RESIDENCE (STREET AND NUMBER)	13b. CITY, TOWN, TWP, OR ROAD DISTRICT NO.	13c. INSIDE CITY (YES/NO)	13d. COUNTY
1045 Cornwallis Ln.	Munster	Yes	Lake

13e. STATE	13f. ZIP CODE	14a. RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY)	14b. OF HISPANIC ORIGIN? (SPECIFY NO OR YES—IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN)
Indiana	46321	White	X NO ☑ YES SPECIFY

15. FATHER—NAME (FIRST MIDDLE LAST)	16. MOTHER—NAME (FIRST MIDDLE (MAIDEN) LAST)
N/A	Amelia Harris

17a. INFORMANT'S NAME (TYPE OR PRINT)	17b. RELATIONSHIP	17c. MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP)
K. Salonga	Records	2900 N. LakeShore Chicago IL 60657

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) Perforated viscus.

DUE TO, OR AS A CONSEQUENCE OF: (b) Septic shock.

CONDITIONS, IF ANY, WHICH GIVE RISE TO THE IMMEDIATE CAUSE (a): (c) Failure to thrive, Severe Cachexia

DUE TO, OR AS A CONSEQUENCE OF: (d)

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.

19a. AUTOPSY (YES/NO)	19b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
No	

20a. IF OPERATION, IF ANY	20b. MAJOR FINDINGS OF OPERATION	IF FEMALE, WAS THERE A PREGNANCY IN THE THREE MONTHS? 20c. YES ☐ NO ☒
	Malignancy	

20d. DID NOT ATTEND THE DECEASED (MONTH, DAY, YEAR) LAST SAW HIM/HER ALIVE ON	21a. WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO)	21c. HOUR OF DEATH
November 2007	No	12:20PM

21b. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.

22a. SIGNATURE ▶	22b. DATE SIGNED (MONTH, DAY, YEAR)
	11.23.07

22c. NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)	22d. ILLINOIS LICENSE NUMBER
Mark Vexelman MD 2900 N. Lake Shore Dr. Chicago, IL	035071597

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

24a. METHOD OF DISPOSITION	24b. CEMETERY OR CREMATORY—NAME	24c. LOCATION—CITY OR TOWN, STATE	24d. DATE (MONTH, DAY, YEAR)
Entombment	Holy Cross Cemetery	Calumet City, IL	11-27-07

25a. FUNERAL HOME—NAME	STREET AND NUMBER OR R.F.D.	CITY OR TOWN, STATE
Aero Removals	919 N. Garfield	Lombard, Illinois 60148

25b. FUNERAL DIRECTOR'S SIGNATURE ▶ Marlena Jurek

25c. ILLINOIS LICENSE NUMBER 034-014772

LOCAL REGISTRAR'S SIGNATURE	DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)
26a. ▶ Terry Mason MD	NOV 27 2007 26b.

VR200 (Rev. 5/89) Illinois Department of Public Health—Division of Vital Records (BASED ON 1989 U.S. STANDARD CERTIFI

STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO

NOV 27 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 ORDINANCE OF SAID LAW AND ORDINANCES.

FILED
DEC 18 2007
PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

Terry Mason MD
LOCAL REGISTRAR

CITY OF CHICAGO
DEPARTMENT OF PUBLIC HEALTH

THIS CERTIFICATE COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.

24648

Kelly Law Offices
5241 W. Lincoln Hwy
Suite 101
Crown Point, IN 46307

$11
CK # 11447

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