

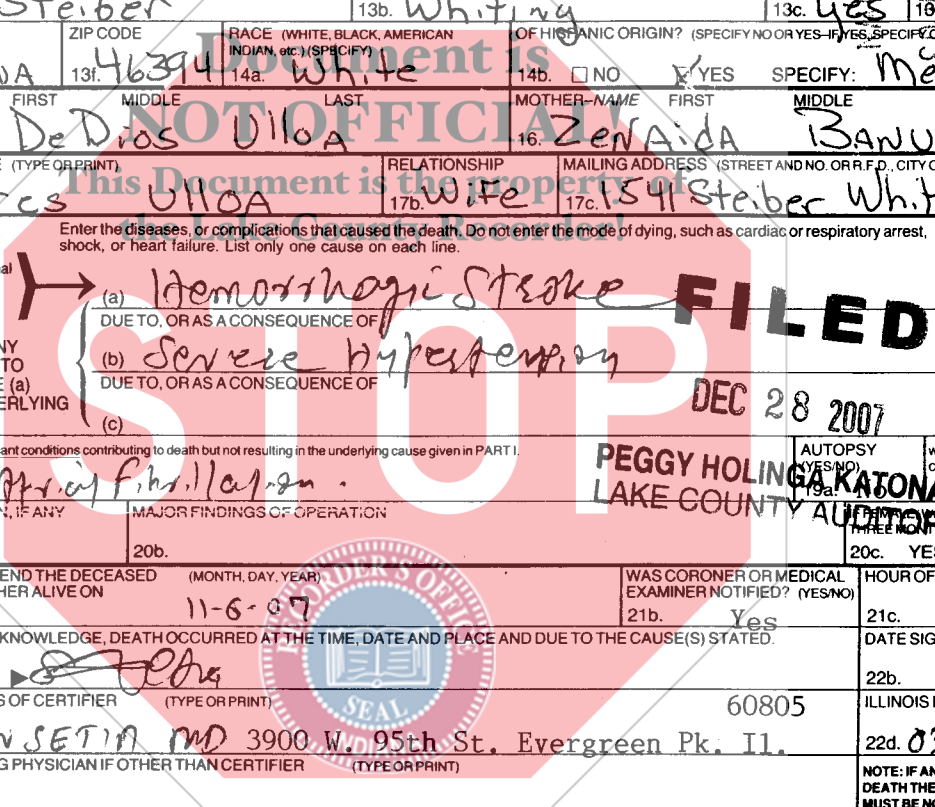
I, David Orr, County Clerk of the County of Cook, in the State aforesaid, and Keeper of the Records and Files of said County do hereby certify that the attached is the true and correct copy of the original Record on file, all of which appears from the records and files in my office.

IN WITNESS THEREOF, I have hereunto set my hand and affixed the Seal of the County of Cook, at my office in the City of Chicago, in said County.

David Orr
COUNTY CLERK

2007 10 11 11

DECEDENT'S BIRTH NO.		REGISTRATION DISTRICT NO. 16.0	STATE OF ILLINOIS				STATE FILE NUMBER
		REGISTERED NUMBER	MEDICAL CERTIFICATE OF DEATH				
Type or Print in PERMANENT INK See Funeral Directors, Hospital, or Physicians Handbook for INSTRUCTIONS	DECEASED—NAME FIRST MIDDLE LAST		SEX	DATE OF DEATH (MONTH, DAY, YEAR)			
	1. Antonio Ulloa		2. Male	3. November 6, 2007			
	COUNTY OF DEATH		AGE—LAST BIRTHDAY (YRS)	UNDER 1 YEAR MOS. DAYS	UNDER 1 DAY HOURS MIN	DATE OF BIRTH (MONTH, DAY, YEAR)	
	4. Cook		5a. 80	5b.	5c.	5d. May 26, 1927	
	CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER		HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)			2. DOSP. OR INST. INDICATE D.O.A. OR EMER.-RM. INPATIENT (SPECIFY)	
	6a. Oak Lawn		6b. Advocate Christ Medical Center			6c. Inpatient	
	BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)	NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE)		7. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO)	
	7. Mexico		8a. Married	8b. Dolores Gomez		9. NO	
	SOCIAL SECURITY NUMBER		USUAL OCCUPATION	KIND OF BUSINESS OR INDUSTRY	EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED)		
	10. 304-40-3001		11a. Scheduler	11b. Steel	12. 12		
RESIDENCE (STREET AND NUMBER)		CITY, TOWN, TWP, OR ROAD DISTRICT NO.		INSIDE CITY (YES/NO)	COUNTY		
13a. 1541 Steiber		13b. Whiting		13c. YES	13d. Lake		
STATE		ZIP CODE	RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY)	OF HISPANIC ORIGIN? (SPECIFY NO OR YES—IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.)			
13e. Indiana		13f. 46394	14a. White	14b. YES SPECIFY: Mexican			
FATHER—NAME FIRST MIDDLE LAST		MOTHER—NAME FIRST MIDDLE (MAIDEN) LAST					
15. Juan De Dios Ulloa		16. Zenaida Banuelos					
INFORMANT'S NAME (TYPE OR PRINT)		RELATIONSHIP	MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP)				
17a. Dolores Ulloa		17b. wife	17c. 1541 Steiber Whiting, IL 46394				
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.				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
Immediate Cause (Final disease or condition resulting in death)		(a) Hemorrhagic Stroke					
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.		(b) Severe Hypertension					
		(c)					
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.		Chronic Atrophy of Fibillation					
DATE OF OPERATION, IF ANY		MAJOR FINDINGS OF OPERATION		WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO)			
20a.		20b.		20c. YES <input type="checkbox"/> NO <input type="checkbox"/>			
I (DID) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON		(MONTH, DAY, YEAR)		HOUR OF DEATH			
21a. 11-6-07				21c. 9:00 P. M.			
TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.		DATE SIGNED (MONTH, DAY, YEAR)		ILLINOIS LICENSE NUMBER			
22a. SIGNATURE <i>[Signature]</i>		22b. 11-8-07		22d. 036-091885			
NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)		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.			
22a. Simon Setia MD 3900 W. 95th St. Evergreen Pk. IL.		22c. 60805					
BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY OR CREMATORY—NAME	LOCATION	CITY OR TOWN	STATE	DATE (MONTH, DAY, YEAR)	
24a. Burial		24b. Ridge Lawn Cem.	24c. Gary	Indiana		24d. Nov 9, 2007	
FUNERAL HOME		NAME	STREET AND NUMBER OR R.F.D.	CITY OR TOWN	STATE	ZIP	
25a. Aero Removals		919 N. Garfield	Lombard	IL	60148		
FUNERAL DIRECTOR'S SIGNATURE		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER					
25b. <i>[Signature]</i>		25c. 034-14287		\$11			
LOCAL REGISTRAR'S SIGNATURE		DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)					
26a. <i>[Signature]</i>		26b. NOV 09 2007					



DECEASED

B

C

D

E

PARENTS

1

2

3

4

5

N

P

CAUSE

CERTIFIER

DISPOSITION

74997