

CERTIFICATION OF VITAL RECORD

HARVEY, ILLINOIS DISTRICT 16.34

DECEDENT'S BIRTH NO. REGISTRATION DISTRICT NO. 16.34 STATE OF ILLINOIS STATE FILE NUMBER REGISTERED NUMBER MEDICAL CERTIFICATE OF DEATH

DECEASED-NAME FIRST MIDDLE LAST SEX DATE OF DEATH (MONTH, DAY, YEAR) 1. Rose Janet Hansen 2. Female 3. July 13, 2007 COUNTY OF DEATH AGE-LAST BIRTHDAY (YRS) UNDER 1 YEAR UNDER 1 DAY DATE OF BIRTH (MONTH, DAY, YEAR) 4. Cook 5a. 83 5b. 5c. February 10, 1924

A DECEASED BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) WAS DECEASED EVER ARMED SERVICES? (YES/NO) 7. Chicago, ILLINOIS 8a. Never Married 8b. 9. C SOCIAL SECURITY NUMBER USUAL OCCUPATION KIND OF BUSINESS OR INDUSTRY EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) 10. 357-28-3328 11a. Homemaker 11b. Home 12. 8Th

C RESIDENCE (STREET AND NUMBER) CITY, TOWN, TWP. OR ROAD DISTRICT NO. INSIDE CITY (YES/NO) COUNTY 10. 1615 Central Ave 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, PORTO RICAN) 13a. Indiana 13f. 46394 14a. White 14b. NO YES SPECIFY. FATHER-NAME FIRST MIDDLE LAST MOTHER-NAME FIRST MIDDLE (MAIDEN) LAST 15. Christian Hansen 16. Elsie Caroline Fritzsche

INFORMANT'S NAME (TYPE OR PRINT) RELATIONSHIP MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) 17a. Lenora Zehme 17b. Sister 17c. 1615 Central Ave Whiting IN 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

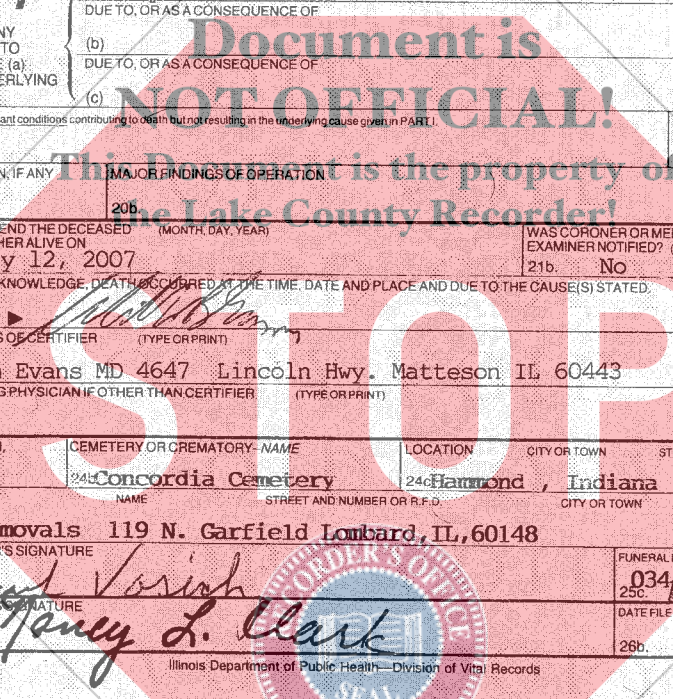
CAUSE IMMEDIATE CAUSE (Final disease or condition resulting in death) (a) Aspiration Pneumonia DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c) DUE TO, OR AS A CONSEQUENCE OF CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.

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

CERTIFIER (DID) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON (MONTH, DAY, YEAR) WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) HOUR OF DEATH 21a. July 12, 2007 21b. No 21c. 7:10 PM 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) 22b. July 16, 2007 22a. SIGNATURE NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) ILLINOIS LICENSE NUMBER 22c. William Evans MD 4647 Lincoln Hwy. Matteson IL 60443 22d. 36-062358 NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) NOTE: IF AN INJURY WAS INVOLVED IN THE DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.

DISPOSITION BURIAL, CREMATION, REMOVAL (SPECIFY) CEMETERY OR CREMATORY-NAME LOCATION CITY OR TOWN STATE DATE (MONTH, DAY, YEAR) 24a. Burial 24b. Concordia Cemetery 24c. Hammond, Indiana 24d. July 18, 2007 FUNERAL HOME NAME STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE ZIP 25a. Aero Removals 119 N. Garfield Lombard, IL, 60148 FUNERAL DIRECTOR'S SIGNATURE FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 25b. [Signature] 25c. 034-4287 LOCAL REGISTRAR'S SIGNATURE DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) 26a. Nancy L. Clark 26b. JUL 18 2007

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STATE OF INDIANA LAKE COUNTY FILED FOR RECORD MAR 24 2008 2:11 PM

Handwritten initials and number: ddm 11.00 050

CERTIFIED COPY OF VITAL RECORDS I HEREBY CERTIFY THAT THE FOREGOING is a true and correct copy of the record of the individual named therein and that this record was established and filed in my office in accordance with the provisions of the ILLINOIS STATUTES relating to the registration of BIRTHS, STILLBIRTHS and DEATHS.

060617

DATE ISSUED JUL 18 2007

3785

ISSUED AT: CITY OF HARVEY 15320 SO. BROADWAY AVE. ILLINOIS 60426

Nancy L. Clark LOCAL REGISTRAR

This copy not valid unless prepared on engraved border displaying seal and signature of Local Registrar.

