## HARVEY, ILLINOIS DISTRICT 16.34

	REGISTERED	MEDICAL O	CERTIFICATE	OF DEAT	NUMBER
	NUMBER			en New House AT & S	Pa∎ Superior
Type or Print in PERMANENT INK	DECEASED-NAME FIRS	ST MIDDLE	LAST	SEX DA	TE OF DEATH (MONTH, DAY, YEAR)
See Funeral Directors, Hospital, or Physicians	1. Rose	Janet	Hansen		July 13, 2007
Handbook for INSTRUCTIONS		AGE-LAST BIRTHDAY (YRS	A CONTRACTOR OF THE PARTY OF TH	MIN.	(MONTH, DAY, YEAR)
INSTRUCTIONS	4. COOK  CITY, TOWN, TWP, OF ROAD DISTRICT N	5a. 83	5b. 5c. THER INSTITUTION-NAME (IF NO	5d. Feb	ruary 10, 1924
	E ROLL BET WITH A	ning garangal ngarang ngg	1 1041 1000 1001 Juni 100		OP/EMER, RM, INPATIENT (SPE
Α	6a. Harvey  BIRTHPLACE (CITY AND STATE OR WI	6b. LT	ngalls Memorial		6c, Inpataent
DECEASED		ARRIED NEVER MARRIED, IDOWED DIVORCED (SPECIFY) A. Never Married			ARM DED CES? (
В		SUAL OCCUPATION	KIND OF BUSINESS OR INI	DUSTRY EDUCATION	9. No. SPECIFY ONLY HIGHEST GRADE COMPLETED)
c	10. 357–28–3328	1a. Homemaker	116. Home	Elementary/Secon	idary (0-12)   College (1-4 or 5 + )
D	RESIDENCE (STREET AND NUMBER)		Y, TOWN, TWP, OR ROAD DIS	TRICT NO. INSID	ECITY COUNTY
E/	13a. 1615 Central Av				Yes 13d Lake 🔼
	STATE ZIP CODE	RACE (WHITE, BLACK, INDIAN, etc.) (SPECIFY)	AMERICAN OF HISPANIC	ORIGIN? (SPECIFY NO OR YE	S-IF YES, SPECIFY CUBAN, MEXICAN, DUERTO RIC
	> 130. Indiana   131 463	94   <sub>14a</sub> White	14b. □ <b>x</b> NC		CIFY: CX
PARENTS	FATHER-NAME FIRST MID	DLE LAST	MOTHER-NA	<i>ME</i> FIRST MI	DOLE (MAID (MAID (A)) LAST
	15 Christian	Hanser		Elsie (	Caroline Friftzsche
كسلان الما	INFORMANT'S NAME (TYPE OR PRINT)				O ORR.F.D.; CITY OR TOWN, STATE, ZIP)
e dhaaran iyo	17a Lenora Zehme				Ave Whiting IN 46394
2	18. PARTI. Enter the dise	eases, or complications that cause art failure. List only one cause or	d the death. Do not enter the mode	of dying, such as cardiac or r	espiratory arrest, APPROXIMATE INTERV
	resulting in death)  CONDITIONS, IF ANY WHICH GIVE RISE TO (b)	Aspiration Pneu			
CAUSE		O, OR AS A CONSEQUENCE OF			#3
	CAUSE LAST (c)	<u>VIATUA</u>		A TO Y	9 <b>s</b> !
4	PART II. Other significant conditions contributing	to death but not resulting in the underlying	g cause given in PART I. 🔪 🏄 🃜 🦼	A A	
5	Zast.				9a.NO USD N
4	DATE OF OPERATION, IF ANY THE MA	NOR FINDINGS OF OPERATION			9a NO JOB POR A DREMANOV NA
4	DATE OF OPERATION, IF ANY 20a. 20	NORFINDINGSOF OPERATION		perty of	93. NO CONTENT OF THE PERSON O
4	DATE OF OPERATION IF ANY DATE OF OPERATION IF ANY DATE OF OPERATION IF ANY DATE OF OPERATION IN	AUOR FINDINGS OF OPERATION  (MONTH, DAY, YEAR)	t is the pro	WAS CORONER OR MEDI EXAMINER NOTIFIED? M	ESINO) CASCÉTINO CALIFORNIA O CONTROL DE CONTROL CONTROL CONTROL CONTROL CONTROL DE CONT
4	DATE OF OPERATION IF ANY DATE OF OPERATION IF	NOR FINDINGS OF OPERATION (MONTH, DAY, YEAR)	t is the pro punty Reco	WAS CORONER OR MEDI EXAMINER NOTIFIED? MI	9a. NO CONTROL (SSPERIOR CASE OF CARRY VE 9a. NO CONTROL (SSPERIOR PROFESSIONAL CONTROL (SSPE
4	DATE OF OPERATION IF ANY 20a. 20 (IOD) (DID NOT) ATTEND THE DECEASE AND LAST SAW HIM HER ALIVE ON 21a. JULY 12, 200. TO THE BEST OF MY KNOWLEDGE, DAT	NOR FINDINGS OF OPERATION (MONTH, DAY, YEAR)	t is the pro punty Reco	WAS CORONER OR MEDI EXAMINER NOTIFIED? MI	PATE SIGNED MONTH DAY, E
4	DATE OF OPERATION IF ANY DATE OF OPERATION IF	NOR FINDINGS OF OPERATION (MONTH, DAY, YEAR)	t is the pro punty Reco	WAS CORONER OR MEDI EXAMINER NOTIFIED? MI	PATE SIGNED MONTH DAY SELECTION OF CASE OF CARRY VEG. 10 SINCE CALL HOUR OF UEATH AND CALL
4	DATE OF OPERATION IF ANY  20a.  20a.  (IOID) (DID NOT) ATTEND THE DECEASE AND LAST SAW HIM/HER ALIVE ON 21a.  JULY 12, 200.  TO THE BEST OF MY KNOWLEDGE, DAT 22a. SIGNATURE  NAME AND ADDRESS OF CERTIFIER	MOREINDINGSOF OPERATION  (MONTH DAY, YEAR)  THE SCHOOL THE TIME, DAY  (TYPE CRERINT)	t is the propunty Reco	WASCOPONERO AMEDI EXAMINER NOTIFIED? M 21b. NO E CAUSE(S) STATED.	PANO OTO CASE OF CARRY VE 93 NO OTO CONTROL OF CARRY VE 93 NO OTO CONTROL OF CARRY VE 94 NO OTO CONTROL OTO CONTRO
4	DATE OF OPERATION IF ANY  20a.  1(D.D) (DID NOT) ATTEND THE DECEASE AND LAST SAW HIMMER ALIVE ON 21a.  JULY 12; 200' TO THE BEST OF MY KNOWLEDGE DEAT 22a. SIGNATURE	MOREINDINGSOF OPERATION  (MONTH DAY, YEAR)	t is the propunty Reco	WASCOPONERO AMEDI EXAMINER NOTIFIED? M 21b. NO E CAUSE(S) STATED.	PATE SIGNED TO CASE OF CARRY VE 9a. NO 190.  IF FEMALE, GSTHERE APRIGHANCY INP. THREE MONTHS TO CARRY VE 91.  CAL HOUR OF DEATH SNO)  21c. 7 10 A. M. DATE SIGNED MONTH DAY, 22  22b. July 16 2007  ILLINOIS LICENSE NUMBER 22d. 36—062358
4	DATE OF OPERATION IF ANY  20a.  20a.  1(DID) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIMMER ALIVE ON 21a.  17a.  17a.  17b.  17b.	MOREINDINGSOF OPERATION  (MONTH DAY, YEAR)	t is the property Reco	WASCOPONERO AMEDI EXAMINER NOTIFIED? M 21b. NO E CAUSE(S) STATED.	GAL HOUR OF DEATH  DATE SIGNED  LUNCH SNO!  LUNCH STEEL SO STANDAY  20c. VISTI NO IX  CAL HOUR OF DEATH  DATE SIGNED  LUNCH SO STANDAY  22b. July 16 2007  LLINOIS LICENSE NUMBER  22d. 36-062358  NOTE: IF AN INJURY WAS INVOLVED IN THE
4	DATE OF OPERATION IF ANY  20a.  20a.  1(DID) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIMMER ALIVE ON 21a.  17a.  17a.  17b.  17b.	MOREINDINGSOF OPERATION  (MONTH DAY, YEAR)	t is the property Reco	WASCOPONERO AMEDI EXAMINER NOTIFIED? M 21b. NO E CAUSE(S) STATED.	PATE SIGNED MATTHER APPLICATION OF CASE OF CAS
4	DATE OF OPERATION IF ANY  20a 20  I(DID) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIMMER ALIVE ON 21a. JULY 12, 200' TO THE BEST OF MY KNOWLEDGE, DEAT 22a. SIGNATURE NAME AND ADDRESS OF CERTIFIER  22c. William Evans MD NAME OF ATTENDING PHYSICIAN IF OTHER 23.  BURIAL CREMATION. CEMETE! REMOVAL (SPECIFY) 24a. BURIAL CREMATION. CEMETE! REMOVAL (SPECIFY) 24a. BURIAL CREMATION. CEMETE! 24a. BURIAL CREM	MOREINDINGS OF OPERATION  (MONTH DAY, YEAR)  (MONTH	TEANDPLACEAND DUE TO THE HWY. Matteson	IWAS COPONER OR MEDIEXAMINER NOTIFIED? (M) 21b. NO. E CAUSE(S) STATED.	PATE SIGNED IMONTH DATE IN THE COOLER OF ALL MODIFICATION OF THE PATE OF THE P
4	DATE OF OPERATION, IF ANY  20a.  1(DID) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIMMER ALIVE ON 21a.  17a.  17a.  17a.  17b.  17b	MORFINDINGS OF OPERATION  (MONTH DAY, YEAR)  (MONTH	TEANDPLACE AND DUE TO THE HWY. Matteson:  LOCATION  LOCATION  244 Flanting on Control of Number of R.F.D.	WAS CORONER OR MEDIE EXAMINER NOTIFIED? MI 21b. NO E CAUSE (S) STATED.  CITYOR TOWN STATED.  CITYOR TOWN STATED.	PATE SIGNED IMONTH DATE IN THE COOLER OF ALL MODIFICATION OF THE PATE OF THE P
	DATE OF OPERATION IF ANY  20a 20  I(DID) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIMMER ALIVE ON 21a. JULy 12, 200' TO THE BEST OF MY KNOWLEDGE, DEAT 22a. SIGNATURE NAME AND ADDRESS OF CERTIFIER  22c. William Evans MD NAME OF ATTENDING PHYSICIAN IF OTHER 23.  BURIAL CREMATION. CEMETER REMOVAL (SPECIFY) 24a. BUT 1a1  FUNERAL HOME NAME 25a. AETO REMOVALS 11	MORFINDINGS OF OPERATION  (MONTH DAY, YEAR)  (MONTH	TEANDPLACE AND DUE TO THE HWY. Matteson:  LOCATION  LOCATION  244 Flanting on Control of Number of R.F.D.	IWASCOPONER OR MEDIEXAMINER NOTIFIED? MY 21b. NO E CAUSE(S) STATED.  CITY OR TOWN STATE  1, Indiana CITY OR TOWN	PATE SIGNED MONTH DAY, YE  20C. YESTI NOTX  21C. 77.10 A. M.  DATE SIGNED MONTH DAY, YE  22b. JULY 16 2007  ILLINOIS LICENSE NUMBER  22d. 36-062358  NOTE: IF AN INJURY WAS INVOLVED IN THE DATH THE CORONER OR MEDICAL EXAM
	DATE OF OPERATION IF ANY  20a.  (IOD) (DID NOT) ATTEND THE DECEASE AND LAST SAW HIMMHER ALIVE ON 21a.  July 12, 200°  TO THE BEST OF MY KNOWLEDGE. DEAT 22a. SIGNATURE  NAME AND ADDRESS OF CERTIFIER  22c. William EVANS MD  NAME OF ATTENDING PHYSICIAN IF OTHER MOVAL (SPECIFY) 24a. BUTIAL  PUNERAL HOME  25a. ARTO Removals 11  FUNERAL DIRECTOR'S SIGNATURE	MORFINDINGS OF OPERATION  (MONTH DAY, YEAR)  (MONTH	TEANDPLACE AND DUE TO THE HWY. Matteson:  LOCATION  LOCATION  244 Flanting on Control of Number of R.F.D.	WAS CORONER OR MEDIE EXAMINER NOTIFIED? MI 21b. NO E CAUSE(S) STATED.  CITYOR TOWN STATED.  CITYOR TOWN STATED.	PATE IN OUR OF DEATH AND THE MONTH ON THE MO
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	DATE OF OPERATION IF ANY  20a.  (IOD) (DID NOT) ATTEND THE DECEASE AND LAST SAW HIM HER ALIVE ON 21a.  JULY 12, 200°  TO THE BEST OF MY KNOWLEDGE. DEAT 22a. SIGNATURE  22a. SIGNATURE  NAME AND ADDRESS OF CERTIFIER  22b. William EVANS MD  NAME OF ATTENDING PHYSICIAN IF OTHER  23.  BURIAL CREMATION.  CEMETER REMOVAL (SPECIFY)  24a. BUT 1 a 1  FUNERAL HOME  25a. ACTO Removals 1  FUNERAL DIRECTOR'S SIGNATURE  25b. LOCAL REGISTRARS SENATURE	MORFINDINGS OF OPERATION  (MONTH DAY, YEAR)  (MONTH	TEANDPLACE AND DUE TO THE HWY. Matteson:  LOCATION  LOCATION  244 Flanting on Control of Number of R.F.D.	WAS CORONER OR MEDIEXAMINER NOTIFIED? MI 21b. NO E CAUSE(S) STATED.  LL 60443  CITYOR TOWN STATE OF THE COLUMN STATE OF THE CO	PATE IN OUR OF DEATH AND THE MONTH ON THE MO
	DATE OF OPERATION, IF ANY  20a.  20a.  (IDID) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIMMER ALIVE ON 21a.  21a.  JULY 12, 200' TO THE BEST OF MY KNOWLEDGE, DEAT 22a. SIGNATURE  NAME AND ADDRESS OF CENTIFIER  22c. William Evans MD  NAME OF ATTENDING PHYSICIAN IF OTHER  23.  BURIAL CREMATION, CEMETER REMOVAL (SPECIFY)  24a. BURIAL CREMATION, ICEMETER REMOVAL (SPECIFY)  24a. BURIAL CREMATION, ICEMETER REMOVAL (SPECIFY)  25a. ARTO REMOVALS  11 FUNERAL HOME  25a. ARTO REMOVALS  11	MORFINDINGS OF OPERATION  (MONTH DAY YEAR)  (MON	TEANDPLACE AND DUE TO THE HWY. Matteson:  LOCATION  LOCATION  244 Flanting on Control of Number of R.F.D.	WAS CORONER OR MEDIEXAMINER NOTIFIED? MI 21b. NO E CAUSE (S) STATED.  CITYOR TOWN STATED.  CITYOR TOWN STATED.  CITYOR TOWN STATED.  PUNERALD 250.4  DATE FLEE. 26b.	PATE SIGNED MONTH DAY, YE  20C. YESTI NO IX  21C. 710 A. M  DATE SIGNED MONTH DAY, YE  22D. JULY 16 2007  ILLINOIS LICENSE NUMBER  22d. 36-062358  NOTE: IF AM INJURY WAS INVOLVED IN TH DEATH THE CORONER OR MEDICAL EXAM MUST BE NOTIFIED.  E DATE (MONTH, DAY, YE  24d.July 18 20c  STATE ZIP

I HEREBY CERTIFY THAT THE FOREGOING is a true and correct copy of hereby records the TONA 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 TOR

D60617

DATE ISSUED

JUL 1 8 2007

ISSUED AT:

CITY OF HARVEY 15320 SO. BROADWAY AVE, ILLINOIS 60426

Maney Z.

NANCYL CLARK
LOCAL REGISTRAR

POFLOCAL 1 Clark

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

