

John A. Smith

009385

CITY OF CHICAGO
DEPARTMENT OF PUBLIC HEALTH

STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO
FEB 01 2005

I, JOHN L. WILHELM 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.

041046

LOCAL REGISTRAR
John A. Smith

FILED

JUN - 4 2008

PEGGY HOLINDA WATSON
LAKE COUNTY AUDITOR

THIS CERTIFICATE COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.

FR MoH's 3rd Add N 4.32ft lot 14 + S3568
ft of lot 15 Block 1
26-35-0119-0015

STATE FILE NUMBER **608230**

STATE OF ILLINOIS
MEDICAL CERTIFICATE OF DEATH

1. DECEASED-NAME FIRST MIDDLE LAST
DAVID WEBB SEARCY

2. COUNTY OF DEATH (MONTH, DAY, YEAR)
3 MAY 23, 2001

3. SEX
2 MALE

4. COOK
AGE-LAST BIRTHDAY (YRS) MONTHS DAYS HOURS MIN
70 7 5c

5. DATE OF BIRTH (MONTH DAY YEAR)
5d APRIL 15, 1931

6. HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER GIVE STREET AND NUMBER)
6a CHICAGO THE UNIVERSITY OF CHICAGO HOSPITALS

7. LITTLEVILLE, AL
MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)
8b CLELLIE MAE HENDRIX

8. USUAL OCCUPATION
11a MECHANIC

9. ZIP CODE
10 424-34-3214

10. RESIDENCE (STREET AND NUMBER)
13a 4305 ELM STREET

11. RACE (WRITE BLACK, AMERICAN INDIAN, etc.) (SPECIFY)
14a WHITE

12. CITY, TOWN, TWP, OR ROAD DISTRICT NO.
13b HAMMOND

13. STATE
13c INDIANA

14. FATHER-NAME FIRST MIDDLE LAST
HENRY HENRY

15. INFORMANT'S NAME (TYPE OR PRINT)
MAYBLEINE GIGGERS

16. RELATIONSHIP
17b RECORDS

17. MAILING ADDRESS (STREET AND OR R.F.D. CITY OR TOWN STATE ZIP)
584 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.
(a) CONGESTIVE HEART FAILURE
(b) DUE TO, OR AS A CONSEQUENCE OF
(c) DUE TO, OR AS A CONSEQUENCE OF

19. MAJOR FINDINGS OF OPERATION
20a

20. DATE OF OPERATION, IF ANY (MONTH, DAY, YEAR)
20b MAY 23, 2001

21. (DID) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON (MONTH, DAY, YEAR)
21a MAY 23, 2001

22. TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.
22a SIGNATURE *Blaise Polite*
22b NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)
BLAISE POLITE, MD
MATTHEW SORRENTINO, MD

23. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)
584 SOUTH MARYLAND CHICAGO, ILLINOIS 60637

24. BURIAL
24a BURLINGTON CEMETERY
24b BOLTON, CEMETERY

25. SMITS FUNERAL HOME 649 E. 162ND ST., SOUTH HOLLAND, IL 60473
25a SMITS FUNERAL HOME

26. LOCAL REGISTRAR'S SIGNATURE
John A. Smith
26a

27. LOCAL REGISTRAR'S SIGNATURE
John A. Smith
27a

28. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)
28a MAY 25 2001

29. DATE (MONTH, DAY, YEAR)
29a MAY 25, 2001

30. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER
30a 034-010481

31. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)
31a MAY 25 2001

32. ZIP
32a

33. STATE
33a ALABAMA

34. CITY OR TOWN
34a RUSSEVILLE, ALABAMA

35. LOCATION
35a

36. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER
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