

# Certified Copy of a Death Record

<b>DECEDENT'S BIRTH NO.</b>	REGISTRATION DISTRICT NO. <b>16.92</b>	STATE OF INDIANA STATE OF ILLINOIS COUNTY FILED FOR RECORD <b>2008 SEP 24 AM 10:21</b>	STATE FILE NUMBER <b>10-01-0009-0000</b>	
	REGISTERED NUMBER <b>1500</b>	<b>MEDICAL CERTIFICATE OF DEATH</b>		
Type or Print in PERMANENT INK See Funeral Directors, Hospital, or Physicians Handbook for INSTRUCTIONS	1. DECEASED-NAME <b>2008 066546</b> FIRST MIDDLE LAST <b>William A SULLIVAN</b>		2. SEX <b>MADOWN</b>	
	3. DATE OF DEATH (MONTH, DAY, YEAR) <b>October 20, 1993</b>			
	4. COUNTY OF DEATH <b>COOK</b>		5. AGE—LAST BIRTHDAY (YRS) MOS. DAYS HOURS MIN. <b>5a. 69</b>	
	6. CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER <b>PROVISO TOWNSHIP</b>		7. HOSPITAL OR OTHER INSTITUTION NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) <b>VETERANS ADM. HINES, IL 60141</b>	
	8. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) <b>Cincinnati, OH</b>		9. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <b>Married</b>	
	10. SOCIAL SECURITY NUMBER <b>349 14 1995</b>		11. USUAL OCCUPATION <b>Traffic Manager</b>	
	12. RESIDENCE (STREET AND NUMBER) <b>20309 Wicker Avenue</b>		13. CITY, TOWN, TWP, OR ROAD DISTRICT NO. <b>Lowell</b>	
	14. STATE <b>Indiana</b>		15. ZIP CODE <b>46356</b>	
	16. FATHER-NAME FIRST MIDDLE LAST <b>Edgar Sullivan</b>		17. MOTHER-NAME FIRST MIDDLE (MAIDEN) LAST <b>Willhemia Isabella Fisher</b>	
	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.		19. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (Final disease or condition resulting in death) <b>Cardiac Arrest secondary to</b>		20. <b>9/</b>		
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. <b>Acute Myocardial Infarction.</b>		21. <b>Unknown</b>		
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I. <b>Coagulopathy. Renal Failure. Sepsis</b>		22. <b>Unknown</b>		
23. DATE OF OPERATION, IF ANY		24. MAJOR FINDINGS OF OPERATION		
25. <b>NO</b>		26. <b>NO</b>		
27. (DID) ( ) ATTEND THE DECEASED (MONTH, DAY, YEAR) AND LAST SAW HIM/HER ALIVE ON <b>October 20, 1993</b>		28. WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) <b>No</b>		
29. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.		30. HOUR OF DEATH <b>10:05 P. M.</b>		
31. SIGNATURE <b>Bruce Conley</b>		32. DATE SIGNED (MONTH, DAY, YEAR) <b>October 21, 1993</b>		
33. NAME AND ADDRESS OF DECEASED (TYPE OR PRINT) <b>VETERANS ADM. HINES, IL 60141</b>		34. ILLINOIS LICENSE NUMBER <b>125-028510</b>		
35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)		36. NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.		
37. BURIAL, CREMATION, REMOVAL (SPECIFY) <b>Burial</b>		38. CEMETERY OR CREMATORY-NAME <b>Cana Cemetery</b>		
39. FUNERAL HOME NAME <b>Conley Funeral Home</b>		40. STREET AND NUMBER OR R.F.D. <b>116 Pierce St. Elburn</b>		
41. FUNERAL DIRECTOR'S SIGNATURE <b>Bruce Conley</b>		42. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER <b>034-011240</b>		
43. LOCAL REGISTRAR'S SIGNATURE <b>Richard J. Billik</b>		44. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) <b>October 31, 1993</b>		

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent named at item 1, and that the record was established and filed in my office in accordance with the provisions of the Illinois Vital Records Act.

DATE **OCT 21 1993** SIGNED **Richard J. Billik**  
 AT **BROADVIEW, IL 60153** OFFICIAL TITLE **Local Registrar of Vital Statistics**

The original record of this death is permanently filed with the ILLINOIS DEPARTMENT OF PUBLIC HEALTH at Springfield. County clerks and local registrars are authorized to make certifications from copies of the original record. The Illinois statutes provide that the certification of a death record by the Department of Public Health, local registrar or county clerk shall be prima facie evidence of the facts