

STATE OF ILLINOIS  
LAKE COUNTY  
STATE OF ILLINOIS  
CERTIFICATE OF DEATH  
2008 NOV 13 AM 10:49

REGISTRATION DISTRICT NO. 16.10 LOCAL FILE NUMBER 2008-1077242		STATE FILE NUMBER	
1. DECEDENT'S LEGAL NAME (Include AKAs if any) (First, Middle, Last) ISAAC MORROW		2. SEX MALE	3. DATE OF DEATH (Month/Day/Year) (Spell Month) SEPTEMBER 18, 2008
4. COUNTY OF DEATH COOK	5a. AGE AT LAST BIRTHDAY (Years) 61	5b. UNDER 1 YEAR Months Days	5c. UNDER 1 DAY Hours Minutes 6. DATE OF BIRTH (Month/Day/Year) JUNE 27, 1947
7a. CITY OR TOWN CHICAGO		7b. HOSPITAL OR OTHER INSTITUTION NAME (If not in either, give street and number) THE UNIVERSITY OF CHICAGO MEDICAL CENTER	
7c. PLACE OF DEATH (Check only one: see instructions)			
IF DEATH OCCURRED IN A HOSPITAL <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Room/Outpatient <input type="checkbox"/> Dead on Arrival		IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL <input type="checkbox"/> Hospice facility <input type="checkbox"/> Nursing Home/Long-term care facility <input type="checkbox"/> Decedent's home <input type="checkbox"/> Other (Specify):	
8. BIRTHPLACE (City and State or Foreign Country) GARY IN	9. SOCIAL SECURITY NUMBER 307-52-3804	10. MARITAL STATUS AT TIME OF DEATH <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married but separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown	11. SURVIVING SPOUSE'S NAME (If wife, give full name prior to first marriage) LUNEIL MONDAY
12. EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	13a. RESIDENCE (Street and Number) 4340 E 5th PLACE		13b. APT. NO.
13c. COUNTY LAKE	13i. STATE IN	13g. ZIP CODE 46403	13c. CITY OR TOWN GARY
13d. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		14. FATHER'S NAME (First, Middle, Last) NED MORROW	
15. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last) FLODENE BROOKS		16. MAILING ADDRESS (Street and No., City or Town, State, ZIP Code) 5841 SOUTH MARYLAND AVENUE CHICAGO ILLINOIS 60637	
16a. INFORMANT'S NAME BRANDE MORRIS		16b. RELATIONSHIP HOSPITAL RECORDS	16c. MAILING ADDRESS (Street and No., City or Town, State, ZIP Code) 5841 SOUTH MARYLAND AVENUE CHICAGO ILLINOIS 60637
17. METHOD OF DISPOSITION: <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Other (Specify):	18. PLACE OF DISPOSITION (Name of cemetery, crematory, other) FERN OAKS		19. LOCATION - CITY, TOWN AND STATE GRIFFITH INDIANA
20. DATE OF DISPOSITION (Month/Day/Year) SEPTEMBER 26, 2008		21a. FUNERAL HOME NAME TAYLOR FUNERAL HOME LTD	
21b. FUNERAL DIRECTOR'S SIGNATURE [Signature]		21c. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034-011950	
22. LOCAL REGISTRAR'S SIGNATURE [Signature]		23. DATE FILED WITH LOCAL REGISTRAR (Month/Day/Year) SEP 24 2008	
24. PART I. Enter the chain of events - diseases, injuries or complications that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest or ventricular fibrillation without showing etiology. If the decedent had dementia related disease, Parkinson's Disease, or Parkinson Dementia Complex, indicate in Part I or Part II. DO NOT ABBREVIATE. Enter only one cause on a line. Add additional lines if necessary.			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. CARDIOGENIC SHOCK Due to (or as a consequence of): COMMUNITY TITLE COMPANY			FILE NO L 40613
Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST b. ISCHEMIC CARDIOMYOPATHY Due to (or as a consequence of):			
c. Due to (or as a consequence of):			
PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I.			25. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
27. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown			26. WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> No
28. IF FEMALE: <input type="checkbox"/> Not pregnant within past 12 months <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Pregnant within one year of death but time unknown <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past 12 months		29. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be determined <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Pending Investigation	
30. DATE OF INJURY (Month/Day/Year) N/A	31. TIME OF INJURY <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	32. PLACE OF INJURY (e.g. Decedent's home; construction site; restaurant; wooded area)	33. INJURY AT WORK? <input type="checkbox"/> Yes <input type="checkbox"/> No
34. LOCATION OF INJURY Street and Number Apartment Number City or Town State ZIP Code		35. DESCRIBE HOW INJURY OCCURRED: 36. IF TRANSPORTATION INJURY, SPECIFY: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify)	
37. (DID/DID NOT) ATTEND THE DECEASED (Month/Day/Year) AND LAST SAW HIM/HER ALIVE ON 09/18/2008	38. WAS MEDICAL EXAMINER OR CORONER CONTACTED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	39. DATE PRONOUNCED (Month/Day/Year) SEPTEMBER 18, 2008	40. TIME OF DEATH 4:29 <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M.
41. CERTIFIER (Check only one): <input checked="" type="checkbox"/> Physician in charge of patient's care - To the best of my knowledge, death occurred due to the cause(s) and manner stated. <input type="checkbox"/> Physician in attendance at time of death only - To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner stated. <input type="checkbox"/> Medical Examiner/Coroner - On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.			
42. NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH (Item 24) AMIT MEHROTRA, MD 5841 SOUTH MARYLAND AVENUE CHICAGO 60637		43. PHYSICIAN'S LICENSE NUMBER ILLINOIS 125-052704	
44. TITLE OF CERTIFIER This is to certify that this is a true and correct copy of the official death record filed with the Illinois Department of Public Health. M.D.		45. DATE CERTIFIED (Month/Day/Year) SEPTEMBER 2008	
46. SIGNATURE OF CERTIFIER [Signature]		47. RECEIPTS PAGE	

(Based on the 2003 U S Standard Certificate)

Division of Vital Records

Illinois Department of Public Health

VR200 (Rev 1/08)

DEPARTMENT OF PUBLIC HEALTH  
CITY OF CHICAGO

FILED

NOV - 5 2008

PEGGY HOLINGA KATO  
LAKE COUNTY AUDITOR

THIS CERTIFICATE COPY VALID WHEN  
EMBOSSER SEAL IS AFFIXED OVER  
REGISTRAR'S SIGNATURE

[Signature]

L. TERRY MASON, M.D., LOCAL  
REGISTRAR OF VITAL STATISTICS OF  
CHICAGO  
THE RECORDS OF BIRTHS, STILLBIRTHS  
AND DEATHS FOR THE CITY OF CHICAGO  
BY WRITE OF THE LAWS OF THE STATE  
OF ILLINOIS AND THE ORDINANCES OF  
THE CITY OF CHICAGO; THAT THE  
ABOVE-NAMED CERTIFICATE ON THIS  
SHEET IS A TRUE COPY OF A RECORD  
KEPT BY ME IN OBNVANCE OF SAID  
LAWS AND ORDINANCES.

SEP 24 2008

STATE OF ILLINOIS  
COUNTY OF COOK  
CITY OF CHICAGO

[Signature]

017401