2008 - 079676

REGISTRATION DISTRICT NO. 16.10

2008 079676

# STATE OF ILLINOIS CERTIFICATE OF DEATH

145 02 36-485-003-000 093

LOCAL FILE NUMBER 512709

STATE FILE NUMBER

| 1. DECEDENT'S LEGAL NAME (Include AKAs if any) (First, Middle, Last) | | | 2. SEX | 3. DATE OF DEATH (Month/Day/Year) |
|---|---|---|---|---|
| Myrtle | S. | Curtis | Female | September 18, 2008 |

| 4. COUNTY OF DEATH | 5a. AGE AT LAST BIRTHDAY (Years) | 5b. UNDER 1 YEAR Months | Days | 5c. UNDER 1 DAY Hours | Minutes | 6. DATE OF BIRTH (Month/Day/Year) |
|---|---|---|---|---|---|---|
| Cook | 80 | | | | | June 7, 1928 |

| 7a. CITY OR TOWN | 7b. HOSPITAL OR OTHER INSTITUTION NAME (If not in either, give street and number) |
|---|---|
| Chicago | Rush University Medical Center |

7c. PLACE OF DEATH (Check only one; see instructions)

IF DEATH OCCURRED IN A HOSPITAL: ☒ Inpatient ☐ Emergency Room/Outpatient ☐ Dead on Arrival

IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: ☐ Hospice facility ☐ Nursing Home/Long-term care facility ☐ Decedent's home ☐ Other (Specify)

| 8. BIRTHPLACE (City and State or Foreign Country) | 9. SOCIAL SECURITY NUMBER | 10. MARITAL STATUS AT TIME OF DEATH | 11. SURVIVING SPOUSE'S NAME (If wife, give full name prior to first marriage) | 12. EVER IN U.S. ARMED FORCES? |
|---|---|---|---|---|
| Canada | 400-38-5960 | ☐ Married ☐ Married but separated ☒ Widowed ☐ Divorced ☐ Never Married ☐ Unknown | | ☐ Yes ☒ No |

| 13a. RESIDENCE (Street and Number) | 13b. APT. NO. | 13c. CITY OR TOWN | 13d. INSIDE CITY LIMITS? |
|---|---|---|---|
| 5611 Alice Ave. | | Hammond | ☒ Yes ☐ No |

| 13e. COUNTY | 13f. STATE | 13g. ZIP CODE | 14. FATHER'S NAME (First, Middle, Last) | 15. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last) |
|---|---|---|---|---|
| Lake | IN | 46320 | Edgar T. Redd | Lillian M. Jones |

| 16a. INFORMANT'S NAME | 16b. RELATIONSHIP | 16c. MAILING ADDRESS (Street and No., City or Town, State, ZIP Code) |
|---|---|---|
| Michael L. Curtis | Son | 5611 Alice Ave., Hammond, IN 46320 |

| 17. METHOD OF DISPOSITION: ☒ Burial ☐ Cremation ☐ Donation ☐ Entombment ☐ Other (Specify) | 18. PLACE OF DISPOSITION (Name of cemetery, crematory, other) | 19. LOCATION - CITY, TOWN AND STATE | 20. DATE OF DISPOSITION (Month/Day/Year) |
|---|---|---|---|
| | Cerulean Cemetery | Cerulean, Kentucky | Sept. 24, 2008 |

| 21a. FUNERAL HOME NAME | STREET AND NUMBER | CITY OR TOWN | STATE | ZIP |
|---|---|---|---|---|
| Aero Removals | 919 N. Garfield Street | Lombard, | Illinois | 60148 |

| 21b. FUNERAL DIRECTOR'S SIGNATURE | 21c. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER |
|---|---|
| (Gary J. Griswold) Gary J. Griswold | 034-016176 |

| 22. LOCAL REGISTRAR'S SIGNATURE | 23. DATE FILED WITH LOCAL REGISTRAR (Month/Day/Year) |
|---|---|
| Terry Mason MD | SEP 22 2008 |

**CAUSE OF DEATH (See instructions and examples)**

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 a 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. | Hemorrhagic Shock | 30 Minutes |
| 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. | Due to (or as a consequence of): Hemothorax | 4 Days |
| | c. | Due to (or as a consequence of): Coagulopathy of Sepsis | 60 Minutes |
| | | 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.

Multi-Organ Dysfunction, Gastric Cancer

25. WAS AN AUTOPSY PERFORMED? ☐ Yes ☒ No

26. WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? ☐ Yes ☐ No

27. DID TOBACCO USE CONTRIBUTE TO DEATH? ☐ Yes ☐ Probably ☒ No ☐ Unknown

28. IF FEMALE: ☒ Not pregnant within past 12 months ☐ Not pregnant, but pregnant within 42 days of death ☐ Not pregnant, but pregnant 43 days to 1 year before death ☐ Pregnant at time of death ☐ Pregnant within one year of death but time unknown ☐ Unknown if pregnant within the past 12 months

29. MANNER OF DEATH: ☒ Natural ☐ Suicide ☐ Could not be determined ☐ Accident ☐ Homicide ☐ Pending investigation

| 30. DATE OF INJURY (Month/Day/Year) | 31. TIME OF INJURY ☐ A.M. ☐ P.M. | 32. PLACE OF INJURY (e.g. Decedent's home, construction site, restaurant, wooded area) | 33. INJURY AT WORK? ☐ Yes ☐ 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: ☐ Driver/Operator ☐ Pedestrian ☐ Passenger ☐ Other (Specify) |
|---|---|
| | |

| 37. I (DID) (DID NOT) ATTEND THE DECEASED (Month/Day/Year) AND LAST SAW HIM/HER ALIVE ON | 38. WAS MEDICAL EXAMINER OR CORONER CONTACTED? ☐ Yes ☒ No | 39. DATE PRONOUNCED (Month/Day/Year) | 40. TIME OF DEATH |
|---|---|---|---|
| | | September 18, 2008 | 6:39 ☐ A.M. ☒ P.M. |

41. CERTIFIER (Check only one):

☐ Physician in charge of patient's care - To the best of my knowledge, death occurred due to the cause(s) and manner stated.

☐ 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.

☐ 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.

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| 42. NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH (Item 24) | 43. PHYSICIAN'S LICENSE NUMBER |
|---|---|
| Dr. David Gurka 1653 W.Congress Pkwy Chg I160612 | 36080195 |

| 44. TITLE OF CERTIFIER | 45. DATE CERTIFIED (Month/Day/Year) | 46. SIGNATURE OF CERTIFIER |
|---|---|---|
| Physician | September 19, 2008 | David P Gurka |

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.

FILED
NOV 21 2008
PEGGY HOLINGA KAZ
LAKE COUNTY AUDIT

019299

Terry Mason MD

I, TERRY MASON, M.D., LOCAL REGISTRAR OF VITAL STATISTICS OF CERULEAN, KENTUCKY, AM THE KEEPER OF THE RECORDS OF DEATHS, CERTIFICATES AND BURIAL PERMITS FOR THE CITY OF CHICAGO 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 LAWS AND ORDINANCES.

SEP 22 2008

STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO

CITY OF CHICAGO
DEPARTMENT OF PUBLIC HEALTH

THIS CERTIFICATE COPY SEALED WHEN RAISED SEAL IS AFFIXED OVER REGISTRAR'S SIGNATURE

(Based on the 2003 U.S. Standard Certificate)

Illinois Department of Public Health - Division of Vital Records

VR206 (Rev. 1/08)