

CITY OF CHICAGO
DEPARTMENT OF PUBLIC HEALTH

STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO

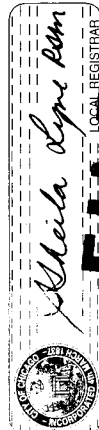
STATE FILE NUMBER
616489

STATE OF ILLINOIS
MEDICAL CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. 16.10
REGISTERED NUMBER

OCT 23 2000

I, SHEILA LYNE, RSM, 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 OBTAINANCE OF SAID LAW AND ORDINANCES.



FILED

NOV 25 2008

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

THIS CERTIFICATE COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.

0193331

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1. COUNTY OF DEATH COOK	2. DATE OF DEATH OCTOBER 19, 2000	3. SEX FEMALE
4. CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER CHICAGO	5d. DATE OF BIRTH MARCH 26, 1929	6c. INPATIENT
6a. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) Manhattan, NY	6b. VENCOR CHICAGO NORTH HOSPITAL	6d. INPATIENT
7. MARRIED, NEVER MARRIED, WIDOWER, DIVORCED (SPECIFY) MARRIED	8a. NAME OF SURVIVING SPOUSE (GIVEN NAME) MANUEL P. MONTEIRO	9. WAS DECEASED BY (FATAL) OR ARMED FORCES (YES/NO) NO
8b. SOCIAL SECURITY NUMBER 311-32-2227	10. SECURITY GUARD	11. EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) College (1-4 or 5+)
9. RESIDENCE (STREET AND NUMBER) 3349 WEST 19TH AVENUE	11b. ZAYRE CORP.	12. 12th
10. ZIP CODE INDIANA 46404	13b. GARY	13c. LAKE
11. RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) BLACK	14b. YES	14c. YES
12. FATHER'S NAME BERT WHITE	15. EUNICE AGNEW	16. MOTHER'S NAME GARY
13. INFORMANT'S NAME (TYPE OR PRINT) SALLY LOPEZ	17. RECORDS	17c. CHICAGO, ILLINOIS 60618
14. PART I. Enter the disease, 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) <u>RONA-TAILURE</u> (b) <u>NOROVIRUS AFTER DISEASE</u> (c) <u>Diabetes Mellitus</u>	18. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.	19a. AUTOPSY (YES/NO) NO
15. MAJOR FINDINGS OF OPERATION	20b. DATE OF OPERATION, IF ANY	20c. IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.	21b. WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) NO	21c. HOUR OF DEATH 04:18 P. M.
22a. SIGNATURE William D. Trainor	22b. DATE SIGNED 10-20-00	22c. ILLINOIS LICENSE NUMBER 036-067322
23. NAME AND ADDRESS OF CERTIFIER DR. WILLIAM D. TRAINOR 2720 WEST 15TH STREET CHICAGO ILLINOIS 60608	24. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)	24d. DATE (MONTH, DAY, YEAR) 10/23/00
24a. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) INDIANA	24b. CEMETERY OR CREMATORY NAME OAK HILL	24c. LOCATION GARY INDIANA
25a. FUNERAL HOME TRANSITIONAL CHAPLES / C.O GUY & ALLEN 244east 138thstreet chg IL. 60627	25b. FUNERAL DIRECTOR'S SIGNATURE Sheila Lyne RSM	25c. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034 014941
26a. LOCAL REGISTRAR'S SIGNATURE Sheila Lyne RSM	26b. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) OCT 23 2000	26c. DATE FILED BY CORONER OR MEDICAL EXAMINER (MONTH, DAY, YEAR)