CERTIFICATION OF VITAL RECORD

Key # 45-08-27-433-001.000-004

REGISTRATION DISTRICT NO. 16.0

LOCAL FILE NUMBER

# STATE OF ILLINOIS
# CERTIFICATE OF DEATH

STATE FILE NUMBER

COPY

1. DECEDENT'S LEGAL NAME (Include AKAs if any) (First, Middle, Last): ROSIE B. WADE-VALERY
2. SEX: FEMALE
3. DATE OF DEATH (Month/Day/Year) (Spell Month): 8-8-08
4. COUNTY OF DEATH: COOK
5a. AGE AT LAST BIRTHDAY (Years): 66
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Month/Day/Year): OCTOBER 9, 1941
7a. CITY OR TOWN: HAZELCREST
7b. HOSPITAL OR OTHER INSTITUTION NAME (If not in either, give street and number): 18101 S. VERSAILLES LANE APT. 103
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): STURGIS, MS
9. SOCIAL SECURITY NUMBER: 328-34-2055
10. MARITAL STATUS AT TIME OF DEATH: ☒ Married ☐ Married but separated ☐ Widowed ☐ Divorced ☐ Never Married ☐ Unknown
11. SURVIVING SPOUSE'S NAME (If wife, give full name prior to first marriage): ANTOINE VALERY
12. EVER IN U.S. ARMED FORCES? ☐ Yes ☒ No
13a. RESIDENCE (Street and Number): 1251 E. 500 N.
13b. APT. NO.
13c. CITY OR TOWN: CISNA PARK
13d. INSIDE CITY LIMITS? ☒ Yes ☐ No
13e. COUNTY: COOK
13f. STATE: IL
13g. ZIP CODE: 60924
14. FATHER'S NAME (First, Middle, Last): OSCAR MURRAY
15. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): GEORGIA ROGERS
16a. INFORMANT'S NAME: ANTOINE VALERY
16b. RELATIONSHIP: HUSBAND
16c. MAILING ADDRESS (Street and No., City or Town, State, ZIP Code): 1251 E. 500 N. CISNA PARK, IL 60924
17. METHOD OF DISPOSITION: ☒ Burial ☐ Cremation ☐ Donation ☐ Entombment ☐ Other (Specify):
18. PLACE OF DISPOSITION (Name of cemetery, crematory, other): MT. GLENWOOD CEMETERY
19. LOCATION - CITY, TOWN AND STATE: GLENWOOD, ILL
20. DATE OF DISPOSITION (Month/Day/Year): AUGUST 15, 2008
21a. FUNERAL HOME NAME: W.W. HOLT FUNERAL HOME; STREET AND NUMBER: 175 WEST 159TH STREET; CITY OR TOWN: HARVEY; STATE: ILLINOIS; ZIP: 60426
21b. FUNERAL DIRECTOR'S SIGNATURE: W. W. Holt
21c. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER: 10992
22. LOCAL REGISTRAR'S SIGNATURE: David Orr
23. DATE FILED WITH LOCAL REGISTRAR (Month/Day/Year): AUG 13 2008

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## 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. COLON CANCER

Due to (or as a consequence of):

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):

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.

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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): 8-8-08
40. TIME OF DEATH: 8:50 ☐ 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.
42. NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH (Item 24): PAOLA SMITH, M.D., 2555 S. ML KING, JR. DR, CHICAGO, IL 60616
43. PHYSICIAN'S LICENSE NUMBER: 036-076179
44. TITLE OF CERTIFIER: MEDICAL DIRECTOR
45. DATE CERTIFIED (Month/Day/Year): 8-11-08
46. SIGNATURE OF CERTIFIER: Paola Smith

FILED

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.

APR 03 2009

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

11 00 CASH

STATE OF ILLINOIS)
County of Cook)

DAVID ORR, County Clerk

AUG 13 2008

I, David Orr, County Clerk of the County of Cook, in the State aforesaid, and Keeper of the Records and Files of said County do hereby certify that the attached is a true and correct copy of the original Record on file, all of which appears from the records and files in my office.

IN WITNESS THEREOF, I have hereunto set my hand and affixed the Seal of the County of Cook, at my office in the city of Chicago, in said County.

David Orr
COUNTY CLERK

004472

VR200 (Rev. 1/08) Illinois Department of Public Health - Division of Vital Records (Based on the 2003 U.S. Standard Certificate)