

Certified Copy of a Death Record

620091276

DECEDENT'S BIRTH NO.	REGISTRATION DISTRICT NO. 16.92	STATE OF ILLINOIS		STATE FILE NUMBER 20090229
	REGISTERED NUMBER 992	MEDICAL CERTIFICATE OF DEATH		
Type or Print in PERMANENT INK See Funeral Directors, Hospital, or Physicians Handbook for INSTRUCTIONS	DECEASED—NAME FIRST MIDDLE LAST		SEX	DATE OF DEATH (MONTH, DAY, YEAR)
	1. PAUL H. LADD		2. MALE	3. AUGUST 10, 2004
	COUNTY OF DEATH	AGE—LAST BIRTHDAY (YRS)	UNDER 1 YEAR MOS. DAYS	UNDER 1 DAY HOURS MIN.
	4. COOK	5a. 75	5b.	DATE OF BIRTH (MONTH, DAY, YEAR) 5d. APRIL 30, 1929
	CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER		HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)	
	6a. PROVISO TOWNSHIP		6b. FOSTER G. MCGAW HOSPITAL	
	BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)	
	7. CHICAGO, IL.		8a. MARRIED	
	SOCIAL SECURITY NUMBER		NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE)	
	10. [REDACTED]		8b. MARIANNE ZAJAC	
USUAL OCCUPATION		KIND OF BUSINESS OR INDUSTRY		
11a. APPRAISOR		11b. REALTY		
EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED)		IF HOSP. OR INST. INDICATE D.O.A. OP/EMER. RM. INPATIENT (SPECIFY)		
12. 12		6c. INPATIENT		
RESIDENCE (STREET AND NUMBER)		CITY, TOWN, TWP. OR ROAD DISTRICT NO.		
13a. 1201 35th STREET		13b. MUNSTER		
STATE		INSIDE CITY (YES/NO)		
13e. INDIANA		13c. YES		
ZIP CODE		COUNTY		
13f. 46321		13d. LAKE		
RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY)		OF HISPANIC ORIGIN? (SPECIFY NO OR YES—IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.)		
14a. WHITE		14b. <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES SPECIFY:		
FATHER—NAME FIRST MIDDLE LAST		MOTHER—NAME FIRST MIDDLE LAST		
15. PAUL VLADIK		16. MARY HERMAN		
INFORMANT'S NAME (TYPE OR PRINT)		RELATIONSHIP	MAILING ADDRESS (STREET AND NO. OR P.O. BOX, CITY OR TOWN, STATE)	
17a. TINA BERRYHILL		17b. HOSPITAL RECORDS	17c. 2160 SOUTH FIRST AVENUE MAYWOOD, ILLINOIS 60153	
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.		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
Immediate Cause (Final disease or condition resulting in death)				
(a) Multi system organ failure				
DUE TO, OR AS A CONSEQUENCE OF				
(b)				
DUE TO, OR AS A CONSEQUENCE OF				
(c)				
PART II. Other significant conditions contributing to death but not resulting in the underlying cause (PART I).				
DATE OF OPERATION, IF ANY		MAJOR FINDINGS OF OPERATION		
20a.		20b. MARGO HOLINGA KATONA LAKE COUNTY AUDITOR		
I DID (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON (MONTH, DAY, YEAR)		WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO)		
21a. 8/10/04		21b. NO		
TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.		IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS?		
22a. SIGNATURE [Signature]		22c. YES <input type="checkbox"/> NO <input type="checkbox"/>		
NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)		HOUR OF DEATH		
22b. Margaret Lota-Davis 2160 SOUTH FIRST AVENUE MAYWOOD, ILLINOIS 60153		22c. NOON		
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)		DATE SIGNED (MONTH, DAY, YEAR)		
23. Esposito		22d. 8/10/04		
BURIAL, CREMATION, REMOVAL (SPECIFY)		ILLINOIS LICENSE NUMBER		
24a. BURIAL		22d. 125-046019		
CEMETERY OR CREMATORY—NAME		LOCATION		
24b. CHAPEL LAWN MEMORIAL		24c. SCHERERVILLE, INDIANA		
CITY OR TOWN		STATE		
24d. CHAPEL LAWN MEMORIAL		24d. AUGUST 16, 2004		
FUNERAL HOME		DATE (MONTH, DAY, YEAR)		
25a. DURANTE FUNERAL SERVICES P.O. BOX 1007 DES PLAINES ILLINOIS 60017				
FUNERAL DIRECTOR'S SIGNATURE		DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)		
25b. [Signature]		26b. August 13, 2004		
LOCAL REGISTRAR'S SIGNATURE		FURNAL DIRECTOR'S ILLINOIS LICENSE NUMBER		
26a. [Signature]		25c. 034-012098		
BROADVIEW ILLINOIS 60155				

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 this record was established and filed in my office in accordance with the provisions of the Illinois Vital Records Act.

DATE AUG 13 2004 SIGNED Michael A. McDermott \$ 11

AT BROADVIEW, ILLINOIS 60155, Illinois 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 therein stated.

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