

**STATE OF ILLINOIS
CERTIFICATE OF DEATH**

2009 09223380

REGISTRATION DISTRICT NO. **16.10**

LOCAL FILE NUMBER **612167**

STATE FILE NUMBER

1. DECEDENT'S LEGAL NAME (Include AKAs if any) (First, Middle, Last) **ADELE DUNGY** 2. SEX **FEMALE** 3. DATE OF DEATH (Month/Day/Year) (Spell Month) **SEPTEMBER 5, 2008**

4. COUNTY OF DEATH **COOK** 5a. AGE AT LAST BIRTHDAY (Years) **69** 5b. UNDER 1 YEAR Months Days 5c. UNDER 1 DAY Hours Minutes 6. DATE OF BIRTH (Month/Day/Year) **JULY 29, 1939**

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 Inpatient Emergency Room/Outpatient Dead on Arrival Hospice facility Nursing Home/Long-term care facility Decedent's home Other (Specify):

8. BIRTHPLACE (City and State or Foreign Country) **TUSCALOOSA AL** 9. SOCIAL SECURITY NUMBER **419 52-0864** 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) **JAMES C DUNGY** 12. EVER IN U.S. ARMED FORCES? Yes No

13a. RESIDENCE (Street and Number) **1986 CHASE STREET** 13b. APT. NO. 13c. CITY OR TOWN **GARY** 13d. INSIDE CITY LIMITS? Yes No

13e. COUNTY **LAKE** 13f. STATE **IN** 13g. ZIP CODE **46404** 14. FATHER'S NAME (First, Middle, Last) **LOVELL COX** 15. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last) **VELMA WILLIAMS**

16a. INFORMANT'S NAME **MARIBEL PIGNATTA** 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: Burial Cremation Donation Entombment 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 12 2008**

21a. FUNERAL HOME NAME **TAYLOR FUNERAL HOME LTD.** STREET AND NUMBER **600 79th St** CITY OR TOWN **CHICAGO** STATE **ILLINOIS** ZIP **60619**

21b. FUNERAL DIRECTOR'S SIGNATURE *Theresa B Taylor* 21c. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER **034-011950**

22. LOCAL REGISTRAR'S SIGNATURE *Angela Williams* 23. DATE FILED WITH LOCAL REGISTRAR (Month/Day/Year) **091008**

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 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.
IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. **BLASTOMYCOSIS PNEUMONIA** Due to (or as a consequence of):
Sequentially list conditions, if any, leading to the cause listed on line a. b. **RENAL FAILURE** Due to (or as a consequence of):
Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST 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? 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 Pregnant at time of death
 Not pregnant, but pregnant within 42 days of death Pregnant within one year of death but time unknown
 Not pregnant, but pregnant 43 days to 1 year before death 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 **09-05-2008** 38. WAS MEDICAL EXAMINER OR CORONER CONTACTED? Yes No 39. DATE PRONOUNCED (Month/Day/Year) **SEPTEMBER 5, 2008** 40. TIME OF DEATH **1:45** 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) **DIANA DOEING, MD 5841 S MARYLAND AVENUE CHICAGO, IL 60637** 43. PHYSICIAN'S LICENSE NUMBER **125-052677**

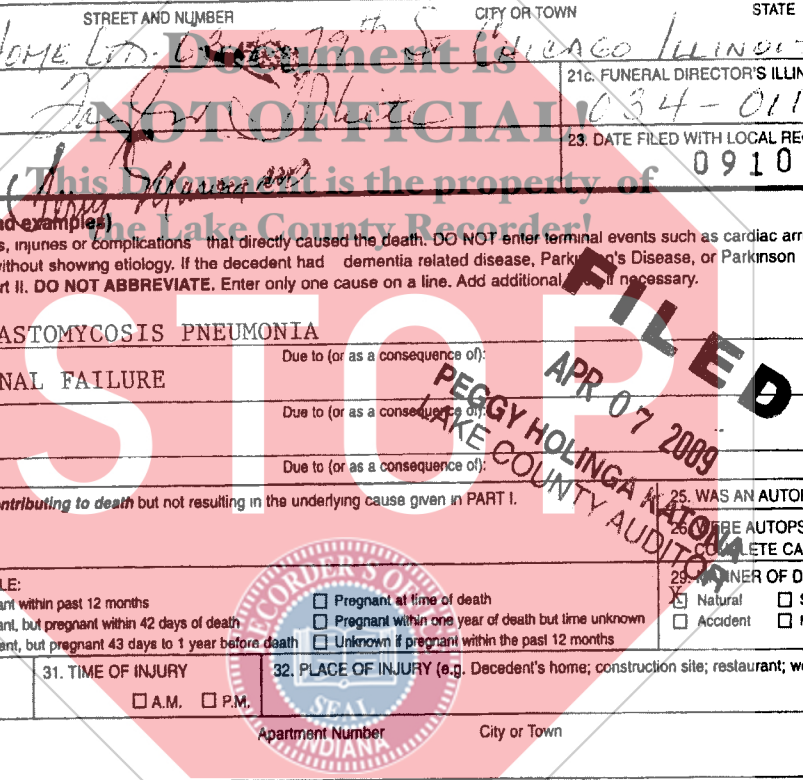
44. TITLE OF CERTIFIER **M.D.** 45. DATE CERTIFIED (Month/Day/Year) **SEPTEMBER 06, 2008** 46. SIGNATURE OF CERTIFIER *Diana Doeing*

47. DECEDENT'S EDUCATION - Check the 48. DECEDENT OF HISPANIC ORIGIN? - Check the box that best 49. DECEDENT'S RACE - Check one or more races to indicate what the decedent

Based on the 2003 U.S. Standard Certificate

Illinois Department of Public Health Division of Vital Records

VR200 (Rev 1/08)



This is to certify that this is a true correct copy of the official death record of the State of Illinois, County of Cook, City of Chicago, Department of Public Health.

STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO

091108

006774

TERESA MASON, M.D., LOCAL REGISTRAR OF VITAL STATISTICS OF CHICAGO
I, TERESA MASON, M.D., LOCAL REGISTRAR OF VITAL STATISTICS OF CHICAGO, 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 OBEYANCE OF SAID LAWS AND ORDINANCES.

TERESA MASON, M.D.
REGISTRAR'S SIGNATURE

Parcel #'s 45-08-21-458-019.000-004
45-08-07-477-050.000-004