

STATE OF ILLINOIS
CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. **16.10**
LOCAL FILE NUMBER

STATE FILE NUMBER

1. DECEDENT'S LEGAL NAME (include AKAs if any) (First, Middle, Last) **CARL HARTON** 2. SEX **MALE** 3. DATE OF DEATH (Month/Day/Year) (Spell Month) **FEBRUARY 8, 2009**
4. COUNTY OF DEATH **COOK** 5a. AGE AT LAST BIRTHDAY (Years) **68** 5b. UNDER 1 YEAR Months Days 5c. UNDER 1 DAY Hours Minutes 6. DATE OF BIRTH (Month/Day/Year) **June 14, 1940**
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 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) **Gary, Indiana** 9. SOCIAL SECURITY NUMBER **307-38-2222** 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) **Antoinette Severin** 12. EVER IN U.S. ARMED FORCES? Yes No
13a. RESIDENCE (Street and Number) **6851 Ironwood Ave** 13b. APT. NO. 13c. CITY OR TOWN **Gary** 13d. INSIDE CITY LIMITS? Yes No

13e. COUNTY **Lake** 13f. STATE **Ind.** 13g. ZIP CODE **46403** 14. FATHER'S NAME (First, Middle, Last) **Belton Harton** 15. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last) **Rubie Dell Wilson**
16a. INFORMANT'S NAME **MAYBLEINE GIGGERS** 16b. RELATIONSHIP **HOSPITAL RECORDS** 16c. MAILING ADDRESS (Street and No., City or Town, State, ZIP Code) **5841 SOUTH MARYLAND CHICAGO, ILLINOIS 60637**

17. METHOD OF DISPOSITION: Burial Cremation Donation Entombment Other (Specify):
18. PLACE OF DISPOSITION (Name of cemetery, crematory, other) **Ridgeland Cemetery** 19. LOCATION - CITY, TOWN AND STATE **Gary Indiana** 20. DATE OF DISPOSITION (Month/Day/Year) **Feb. 14, 2009**
21a. FUNERAL HOME NAME **Ridgeland Funeral Home** STREET AND NUMBER **4201 Ridge Rd.** CITY OR TOWN **Gary** STATE **Indiana** ZIP **46408**

21b. FUNERAL DIRECTOR'S SIGNATURE **Raymond S. Sisk** 21c. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER **034-01064**
22. LOCAL REGISTRAR'S SIGNATURE **Terry Mason MD** 23. DATE FILED WITH LOCAL REGISTRAR (Month/Day/Year)

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's 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. **CARDIAC ASYSTOLE DUE TO CARDIAC ARRHYTHMIAS**
Due to (or as a consequence of):
b. **IN THE SETTING OF A MYOCARDIAL INFARCTION**
Due to (or as a consequence of):
c.
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) **N/A** 31. TIME OF INJURY A.M. P.M.
32. PLACE OF INJURY (e.g. Decedent's home; construction site; restaurant; wooded area) **DRIVEWAY** 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 **2/8/2009** 38. WAS MEDICAL EXAMINER OR CORONER CONTACTED? Yes No 39. DATE PRONOUNCED (Month/Day/Year) **FEBRUARY 8, 2009** 40. TIME OF DEATH **11:23** 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) **CHRISTIAN SONERU, MD 5841 SOUTH MARYLAND CHICAGO, ILLINOIS 60637** 43. PHYSICIAN'S LICENSE NUMBER **125-054924**

44. TITLE OF CERTIFIER **MD** 45. DATE CERTIFIED (Month/Day/Year) **FEBRUARY 10, 2009** 46. SIGNATURE OF CERTIFIER **Terry Mason MD**

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

Illinois Department of Public Health
Division of Vital Records

VR200 (Rev 1/06)

DEPARTMENT OF PUBLIC HEALTH
CITY OF CHICAGO

FILED

MAY 08 2009

PEGGY HOLINGA KATO
LAKE COUNTY AUDITOR

THIS CERTIFICATE COPY VALID WHEN
EMBOSSER SEAL IS APPLIED OVER
REGISTRAR'S SIGNATURE

009361
Terry Mason MD

TERRY MASON, M.D., LOCAL
REGISTRAR OF VITAL STATISTICS OF
CHICAGO
I AM THE KEEPER OF
THE RECORDS OF BIRTHS, STILLBIRTHS
AND DEATHS FOR THE CITY OF CHICAGO
BY WRITE 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 OBDIVANCE OF SAID
LAWS AND ORDINANCES.

FEB 18 2009

STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO

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