

45-09-31-205-016-000-018

CERTIFICATION OF DEATH RECORD

CITY OF CHICAGO OFFICE OF VITAL RECORDS

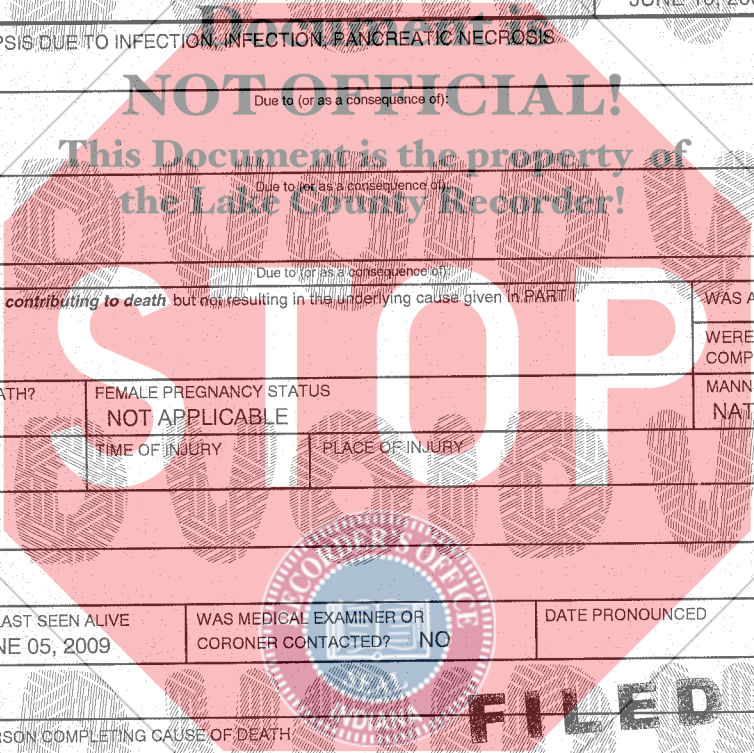
CHICAGO, ILLINOIS

MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER 2009 0033519

DATE ISSUED 07/02/2009

DECEDENT'S LEGAL NAME JAMES CLAY GRUBBS SR			SEX MALE	DATE OF DEATH JUNE 05, 2009
COUNTY OF DEATH COOK	AGE AT LAST BIRTHDAY 64 YEARS	DATE OF BIRTH JUNE 06, 1944		
CITY OR TOWN CHICAGO	HOSPITAL OR OTHER INSTITUTION NAME UNIVERSITY OF CHICAGO MEDICAL CENTER			
PLACE OF DEATH INPATIENT				
BIRTHPLACE NEW CASTLE, IN	SOCIAL SECURITY NUMBER 307-46-2240	MARITAL STATUS AT TIME OF DEATH MARRIED	SURVIVING SPOUSE'S NAME MARSHA TOWER	EVER IN U.S. ARMED FORCES? YES
RESIDENCE 236 SOUTH WASHINGTON STREET	APT. NO.	CITY OR TOWN HOBART	INSIDE CITY LIMITS? YES	
COUNTY LAKE	STATE IN	ZIP CODE 46342	FATHER'S NAME CLAY GRUBBS	MOTHER'S NAME PRIOR TO FIRST MARRIAGE SARAH WRIGHT
INFORMANT'S NAME MAYBLEINA GIGGERS	RELATIONSHIP HOSPITAL RECORDS	MAILING ADDRESS 5841 S MARYLAND, CHICAGO, IL 60637		
METHOD OF DISPOSITION BURIAL	PLACE OF DISPOSITION CALVARY CEMETERY	LOCATION - CITY OR TOWN AND STATE PORTAGE, IN	DATE OF DISPOSITION JUNE 10, 2009	
FUNERAL HOME GERHARZ FUNERAL HOME LTD, 501 STATE STREET, LEMONT, IL, 60439				
FUNERAL DIRECTOR'S NAME ANTHONY P. CARPETTA			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034012112	
LOCAL REGISTRAR'S NAME TERRY MASON MD			DATE FILED WITH LOCAL REGISTRAR JUNE 10, 2009	
CAUSE OF DEATH PART I. SEPSIS DUE TO INFECTION, INFECTION, PANCREATIC NECROSIS				
IMMEDIATE CAUSE (Final disease or condition resulting in death)		a. _____ Due to (or as a consequence of): 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.			WAS AN AUTOPSY PERFORMED? NO	
DID TOBACCO USE CONTRIBUTE TO DEATH? NO			WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? N/A	
FEMALE PREGNANCY STATUS NOT APPLICABLE		MANNER OF DEATH NATURAL		
DATE OF INJURY	TIME OF INJURY	PLACE OF INJURY	INJURY AT WORK?	
LOCATION OF INJURY			IF TRANSPORTATION INJURY, SPECIFY:	
DESCRIBE HOW INJURY OCCURRED.			TIME OF DEATH 09:05 PM	
ATTEND THE DECEASED? YES	DATE LAST SEEN ALIVE JUNE 05, 2009	WAS MEDICAL EXAMINER OR CORONER CONTACTED? NO	DATE CERTIFIED JUNE 06, 2009	
CERTIFIER PHYSICIAN			PHYSICIAN'S LICENSE NUMBER 125-054578	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH MARIE ZIESAT, 5841 SOUTH MARYLAND, CHICAGO, ILLINOIS, 60637				



APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
 2009-052592

FILED

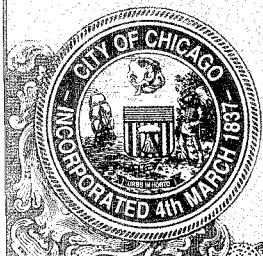
JUL 29 2009

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

Terry Mason MD
Terry Mason, M.D.
Local Registrar

011877

#11
CS
CWA



This copy not valid unless displaying raised seals and registrar signature.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE