

REGISTRATION DISTRICT NO. **16.10**
LOCAL FILE NUMBER **602462**

STATE OF ILLINOIS
CERTIFICATE OF DEATH

CHICAGO TITLE INSURANCE COMPANY

1. DECEDENT'S LEGAL NAME (Include AKAs if any) (First, Middle, Last) **JAMES WHITE** 2. SEX **MALE** 3. DATE OF DEATH (Month/Day/Year) (Spell Month) **FEBRUARY 21, 2008**
4. COUNTY OF DEATH **COOK** 5a. AGE AT LAST BIRTHDAY (Years) **74** 5b. UNDER 1 YEAR Months Days 5c. UNDER 1 DAY Hours Minutes 6. DATE OF BIRTH (Month/Day/Year) **MARCH 14, 1933**
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) **KNOX, INDIANA** 9. SOCIAL SECURITY NUMBER **305-34-8402** 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) **ESTHER SCHRADER** 12. EVER IN U.S. ARMED FORCE? Yes No
13a. RESIDENCE (Street and Number) **1365 TANGLEWOOD COURT** 13b. APT. NO. 13c. CITY OR TOWN **CROWN POINT** 13d. INSIDE CITY LIMITS? Yes No
13e. COUNTY **LAKE** 13f. STATE **IN.** 13g. ZIP CODE **46307** 14. FATHER'S NAME (First, Middle, Last) **LOREN WHITE** 15. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last) **ESTHER SCHRADER**
16a. INFORMANT'S NAME **GWEN SMITH** 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) **CHAPEL LAWN MEMORIAL GARDENS** 19. LOCATION - CITY, TOWN AND STATE **SCHERERVILLE, INDIANA** 20. DATE OF DISPOSITION (Month/Day/Year) **FEB. 26, 2008**
21a. FUNERAL HOME NAME **MRAZEK & RUSS FUNERAL SERVICE** STREET AND NUMBER **3601 W. DIVERSEY AVE.** CITY OR TOWN **CHICAGO** STATE **ILLINOIS** ZIP **60647**
21b. FUNERAL DIRECTOR'S SIGNATURE *[Signature]* 21c. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER **034-014579**
22. LOCAL REGISTRAR'S SIGNATURE *[Signature]* 23. DATE FILED WITH LOCAL REGISTRAR (Month/Day/Year) **FEB 25 2008**

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.
IMMEDIATE CAUSE (Final disease or condition resulting in death) **RESPIRATORY FAILURE** Due to (or as a consequence of):
Sequentially list conditions, if any, leading to the cause listed on line a. b. **SECONDARY TO LIMB ISCHEMIA** 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) **N/A** 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 **2/21/2008** 38. WAS MEDICAL EXAMINER OR CORONER CONTACTED? Yes No 39. DATE PRONOUNCED (Month/Day/Year) **FEBRUARY 21, 2008** 40. TIME OF DEATH **5:16** 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) **TERESA NAM, MD 5841 SOUTH MARYLAND CHICAGO, ILLINOIS 60637** 43. PHYSICIAN'S LICENSE NUMBER **125-049735**

44. TITLE OF CERTIFIER **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.** 45. DATE CERTIFIED (Month/Day/Year) **FEBRUARY 22, 2008** 46. SIGNATURE OF CERTIFIER *[Signature]*

DEPARTMENT OF PUBLIC HEALTH

FILED
SEP 17 2009
PEGGY HOLING KATONA
LAKE COUNTY AUDITOR
016503

Cheryl Wilson MD

1. TERRY WATSON, M.D., LOCAL REGISTRAR OF VITAL STATISTICS OF COUNTY OF COOK, ILLINOIS, HAS REVIEWED THE RECORDS OF BIRTH, STILLBIRTHS AND DEATHS FOR THE CITY OF CHICAGO BY VERBALLY 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 OBSERVANCE OF SAID LAWS AND ORDINANCES.

FEB 25 2008

STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO
11:00 AM