

10

STATE OF ILLINOIS  
CERTIFICATE OF DEATH

2009

REGISTRATION DISTRICT NO. **16.10**  
LOCAL FILE NUMBER **617527**

STATE FILE NUMBER

1. DECEDENT'S LEGAL NAME (Include AKAs if any) (First, Middle, Last) **Rosie Maider** 2. SEX **F** 3. DATE OF DEATH (Month/Day/Year) (Spell Month) **December 27, 2008**

4. COUNTY OF DEATH **Cook** 5a. AGE AT LAST BIRTHDAY (Years) 5b. UNDER 1 YEAR Months Days 5c. UNDER 1 DAY Hours Minutes 6. DATE OF BIRTH (Month/Day/Year) **December 19, 1951**

7a. CITY OR TOWN **Chicago** 7b. HOSPITAL OR OTHER INSTITUTION NAME (If not in either, give street and number) **Mercy Hospital**

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) **Grenada, MS** 9. SOCIAL SECURITY NUMBER **346-44-6857** 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) **Jackie Maider** 12. EVER IN U.S. ARMED FORCES?  Yes  No

13a. RESIDENCE (Street and Number) **1912 Silver Creek** 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) **Preston Reid** 15. MOTHER'S NAME (First, Middle, Last) **Lillie Hest**

16a. INFORMANT'S NAME **Jackie Maider** 16b. RELATIONSHIP **Husband** 16c. MAILING ADDRESS (Street and No., City, Town, State, ZIP Code) **1912 Silver Creek Crown Point IN**

17. METHOD OF DISPOSITION:  Burial  Cremation  Donation  Entombment  Other (Specify) 18. PLACE OF DISPOSITION (Name of cemetery, crematory, other) **Forest Home** 19. LOCATION - CITY, TOWN AND STATE **Forest Park IN** 20. DATE OF DISPOSITION (Month/Day/Year) **Jan 3, 2009**

21a. FUNERAL HOME NAME STREET AND NUMBER CITY OR TOWN STATE ZIP **Johnson Funeral Home 5838 W. Division Chgo, IL 60651**

21b. FUNERAL DIRECTOR'S SIGNATURE *Mary Smith* 21c. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER **34-011650**

22. LOCAL REGISTRAR'S SIGNATURE *Jerry Mason M.D.* 23. DATE FILED WITH LOCAL REGISTRAR (Month/Day/Year) **DEC 31 2008**

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

Illinois Department of Public Health - Division of Vital Records  
VR200 (Rev. 1/08)

**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) → a. *Cardiac arrest*  
Due to (or as a consequence of):  
b. *Cardiac arrest*  
Due to (or as a consequence of):  
c. *Cardiac arrest*  
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. (DID) (DID NOT) ATTEND THE DECEASED (Month/Day/Year) AND LAST SAW HIM/HER ALIVE ON 38. WAS MEDICAL EXAMINER OR CORONER CONTACTED?  Yes  No 39. DATE PRONOUNCED (Month/Day/Year) **12/27/08** 40. TIME OF DEATH **5:40**  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) **Dr. Atassi 2525 S. Michigan Ave Chgo, IL 60616** 43. PHYSICIAN'S LICENSE NUMBER **036-091724**

44. TITLE OF CERTIFIER **M.D.** 45. DATE CERTIFIED (Month/Day/Year) **12/28/08** 46. SIGNATURE OF CERTIFIER *CA*

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.

DEPARTMENT OF PUBLIC HEALTH  
CITY OF CHICAGO

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

*Jerry Mason M.D.*

1. TERRY MASON, M.D., LOCAL REGISTRAR OF VITAL STATISTICS OF CHICAGO, IS 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.

123108  
3037  
11/22/08

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE