

DuPage County Health Department

Central Office

111 North County Farm Road

Westmont, IL 60185-2000

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2009 DEC -1 AM 9:38

REGISTRATION DISTRICT NO 22.0  
REGISTERED NUMBER

MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER  
MICHAEL A. BROWN  
RECORDER

DECEASED-NAME FIRST MIDDLE LAST SEX DATE OF DEATH (MONTH, DAY, YEAR)  
1. Dorothy A. Collins 2. Female 3. August 29, 2007  
COUNTY OF DEATH AGE - LAST BIRTHDAY (YRS) UNDER 1 YEAR UNDER 1 DAY DATE OF BIRTH (MONTH, DAY, YEAR)  
4. DuPage 5a. 72 5b. 5c. 5d. January 4, 1935  
CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) IF HOSP. OR INST. INDICATE D.O.A. OP/EMER. RM. INPATIENT (SPECIFY)  
6a. Westmont 6b. Manor Care of Westmont 6c. Inpatient  
BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO)  
7. Cleveland Ohio 8a. Widowed 8b. None 9. NO  
SOCIAL SECURITY NUMBER USUAL OCCUPATION KIND OF BUSINESS OR INDUSTRY EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED)  
10. 269-28-3246 11a. Secretary 11b. Law Office 12. College (1-4 or 5+) 4  
RESIDENCE (STREET AND NUMBER) CITY, TOWN, TWP. OR ROAD DISTRICT NO. INSIDE CITY (YES/NO) COUNTY  
13a. 7136 Arkansas Street 13b. Hammond 13c. Yes 13d. Lake  
STATE ZIP CODE RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) OF HISPANIC ORIGIN? (SPECIFY NO OR YES-IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.)  
13e. INDIANA Illinois 13f. 46323 14a. White 14b. X NO YES SPECIFY:

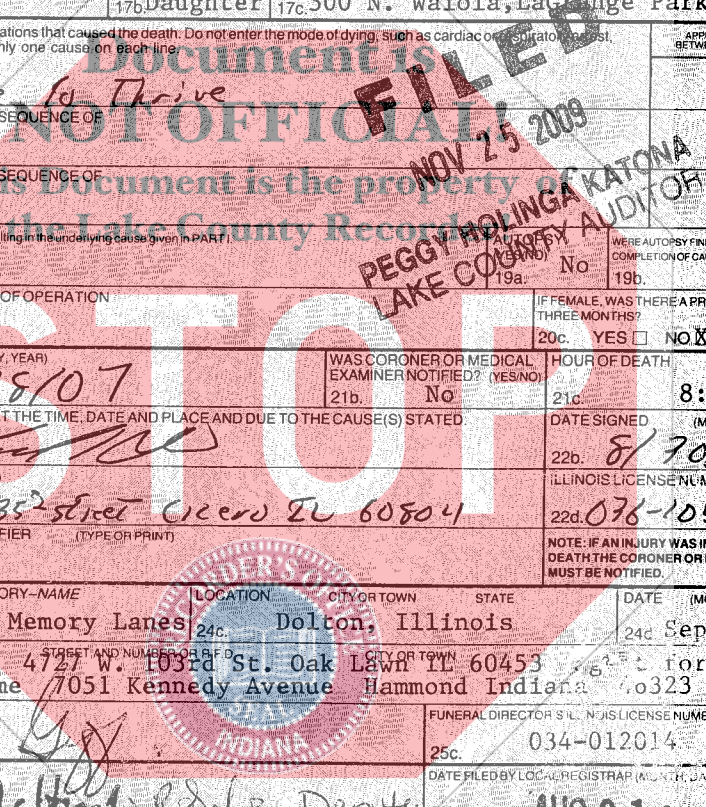
FATHER-NAME FIRST MIDDLE LAST MOTHER-NAME FIRST MIDDLE (MAIDEN) LAST  
15. John Plymak 16. Della  
INFORMANT'S NAME (TYPE OR PRINT) RELATIONSHIP MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP)  
17a. Kathleen Collins 17b. Daughter 17c. 300 N. Waiola, LaGrange Park IL 60526

18. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  
Immediate Cause (Final disease or condition resulting in death) (a) Failure to Thrive  
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) (b) (c)  
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.  
Diabetes Insipidus  
DATE OF OPERATION, IF ANY MAJOR FINDINGS OF OPERATION IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS?  
20a. 20b. 20c. YES NO X

19a. No 19b.  
20a. 20b. 20c. YES NO X  
I (DID) (DID NOT) ATTEND THE DECEASED (MONTH, DAY, YEAR) WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) HOUR OF DEATH  
21a. 8/28/07 21b. No 21c. 8:00 a. M.  
TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED. DATE SIGNED (MONTH, DAY, YEAR)  
22a. SIGNATURE 22b. 8/30/07  
NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) ILLINOIS LICENSE NUMBER  
22c. Mauris Desai 5909 W 35th Street Cicero IL 60804 22d. 076-105725  
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.

23. BURIAL, CREMATION, REMOVAL (SPECIFY) CEMETERY OR CREMATORY-NAME LOCATION CITY OR TOWN STATE DATE (MONTH, DAY, YEAR)  
24a. Cremation 24b. Oakland Memory Lanes 24c. Dolton, Illinois 24d. Sept. 1, 2007  
FUNERAL HOME NAME STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE ZIP  
25a. Blake-Lamb Funeral Home 4727 W. 103rd St. Oak Lawn IL 60453 60323  
Virgil Huber Funeral Home 7051 Kennedy Avenue Hammond Indiana 46323  
FUNERAL DIRECTOR'S SIGNATURE FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER  
25b. Vincent M. Grogan 25c. 034-012014  
LOCAL REGISTRAR'S SIGNATURE DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)  
26a. Maureen T. McHugh, Deputy 26b. AUG 31 2007

VIGNOR NO 929-8637 45-07-02-853-081-000-023



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RM

This is to certify that this is a true and correct copy of the official record filed with the Illinois Department of Public Health.

014150

Not valid without the embossed seal of DuPage County Health Department

Maureen T. McHugh Local Registrar