

0712 020095660 cm

CHICAGO TITLE INSURANCE COMPANY
2009 079701

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death and record the decedent named in item 1 and that this record was established and filed in my office in accordance with the provisions of the Illinois statutes relating to the registration of births, stillbirths, and deaths.

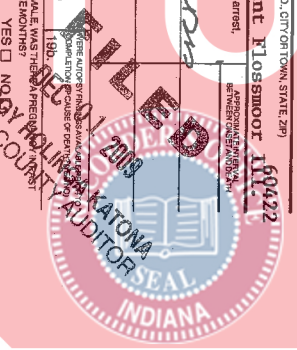
October 17, 2001
DATE
At Cook County Dept. of Public Health
1010 Lake Street
Oak Park, IL 60301

SIGNED *Carol R. Compton*
Official Title Chief Deputy Registrar

STATE OF ILLINOIS
MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER

1. DECEASED NAME OF DECEASED Jack Schumann		MIDDLE	LAST	SEX	DATE OF BIRTH (MONTH, DAY, YEAR)
2. COUNTY OR PLACE OF RECORD Cook		Schumann		Male	3 October 16, 2001
3. CITY, TOWN, VILLAGE, ROAD, STREET, R.F.D. OR R.F.D. NUMBER	4. CITY, TOWN, VILLAGE, ROAD, STREET, R.F.D. OR R.F.D. NUMBER	5a. BIRTHDAY (MONTH, DAY, YEAR)	5b. BIRTHDAY (MONTH, DAY, YEAR)	5c. BIRTHDAY (MONTH, DAY, YEAR)	5d. BIRTHDAY (MONTH, DAY, YEAR)
1770 E. 117th St. #108	1770 E. 117th St. #108	06/27/1925	10/16/2001	10/16/2001	10/16/2001
6. BIRTHPLACE (COUNTRY AND STATE OR TERRITORY)	7. BIRTHPLACE (COUNTRY AND STATE OR TERRITORY)	8. BIRTHPLACE (COUNTRY AND STATE OR TERRITORY)	9. BIRTHPLACE (COUNTRY AND STATE OR TERRITORY)	10. BIRTHPLACE (COUNTRY AND STATE OR TERRITORY)	11. BIRTHPLACE (COUNTRY AND STATE OR TERRITORY)
Illinois	Illinois	Illinois	Illinois	Illinois	Illinois
12. SOCIAL SECURITY NUMBER	13a. 2922 Scott Crescent	13b. Ploessmoot	13c. Cook	13d. Cook	13e. Cook
[REDACTED]	171a. Investor	171b. Ploessmoot	171c. Yes	171d. Cook	171e. Cook
14. RESIDENCE (STREET AND NUMBER)	15. PLOESSMOOT	16. PLOESSMOOT	17. COOK	18. COOK	19. COOK
171a. Investor	171b. Ploessmoot	171c. Yes	171d. Cook	171e. Cook	171f. Cook
19a. Illinois	19b. Illinois	19c. Illinois	19d. Illinois	19e. Illinois	19f. Illinois
19a. Illinois	19b. Illinois	19c. Illinois	19d. Illinois	19e. Illinois	19f. Illinois
20. ZIP CODE	21. WHITE	22. WHITE	23. WHITE	24. WHITE	25. WHITE
1960422	1960422	1960422	1960422	1960422	1960422
26. FATHER-NAME	27. MOTHER-NAME	28. FATHER-NAME	29. MOTHER-NAME	30. FATHER-NAME	31. MOTHER-NAME
Gustav Schumann	Theresa Baker	Gustav Schumann	Theresa Baker	Gustav Schumann	Theresa Baker
32. INFORMANT'S NAME (TYPE OR PRINT)	33. RELATIONSHIP	34. MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP)	35. RELATIONSHIP	36. MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP)	37. RELATIONSHIP
Mrs. Eileen Schumann	Wife	171c. 2922 Scott Crescent Ploessmoot Ill. 60422	Wife	171c. 2922 Scott Crescent Ploessmoot Ill. 60422	Wife
38. PART I Immediate Cause (Final disease or condition resulting in death)	39. PART II Under the classification or complications that caused the death, do not enter the mode of dying such as cardiac or respiratory arrest.	<p>1. <i>Coronary atherosclerosis</i></p> <p>2. <i>Myocardial infarction</i></p> <p>3. <i>Arrhythmia</i></p> <p>4. <i>Cardiac arrest</i></p> <p>5. <i>Sudden cardiac death</i></p> <p>6. <i>Coronary artery disease</i></p> <p>7. <i>Myocardial ischemia</i></p> <p>8. <i>Myocardial infarction</i></p> <p>9. <i>Cardiac arrest</i></p> <p>10. <i>Sudden cardiac death</i></p>			
40. IMMEDIATE CAUSE (Final disease or condition resulting in death)	41. UNDER THE CLASSIFICATION OR COMPLICATIONS THAT CAUSED THE DEATH, DO NOT ENTER THE MODE OF DYING SUCH AS CARDIAC OR RESPIRATORY ARREST.	<p>1. <i>Coronary atherosclerosis</i></p> <p>2. <i>Myocardial infarction</i></p> <p>3. <i>Arrhythmia</i></p> <p>4. <i>Cardiac arrest</i></p> <p>5. <i>Sudden cardiac death</i></p> <p>6. <i>Coronary artery disease</i></p> <p>7. <i>Myocardial ischemia</i></p> <p>8. <i>Myocardial infarction</i></p> <p>9. <i>Cardiac arrest</i></p> <p>10. <i>Sudden cardiac death</i></p>			
42. WHICH GAVE RISE TO WHICH CAUSE (a) WHEN THE CAUSE (b) DUE TO OR AS A CONSEQUENCE OF CAUSE LAST	43. WHICH GAVE RISE TO WHICH CAUSE (a) WHEN THE CAUSE (b) DUE TO OR AS A CONSEQUENCE OF CAUSE LAST	<p>1. <i>Coronary atherosclerosis</i></p> <p>2. <i>Myocardial infarction</i></p> <p>3. <i>Arrhythmia</i></p> <p>4. <i>Cardiac arrest</i></p> <p>5. <i>Sudden cardiac death</i></p> <p>6. <i>Coronary artery disease</i></p> <p>7. <i>Myocardial ischemia</i></p> <p>8. <i>Myocardial infarction</i></p> <p>9. <i>Cardiac arrest</i></p> <p>10. <i>Sudden cardiac death</i></p>			
44. DATE OF OPERATION, IF ANY	45. MAJOR FINDINGS OF OPERATION	46. AUTOPSY	47. IFFEMALS, WAS THERE A FREQUENT	48. IFFEMALS, WAS THERE A FREQUENT	49. IFFEMALS, WAS THERE A FREQUENT
05/09/01	[REDACTED]	No	No	No	No
50. HOSPITAL OR OTHER INSTITUTION (NAME, IF NOT EITHER, GIVE STREET AND NUMBER)	51. HOSPITAL OR OTHER INSTITUTION (NAME, IF NOT EITHER, GIVE STREET AND NUMBER)	52. HOSPITAL OR OTHER INSTITUTION (NAME, IF NOT EITHER, GIVE STREET AND NUMBER)	53. HOSPITAL OR OTHER INSTITUTION (NAME, IF NOT EITHER, GIVE STREET AND NUMBER)	54. HOSPITAL OR OTHER INSTITUTION (NAME, IF NOT EITHER, GIVE STREET AND NUMBER)	55. HOSPITAL OR OTHER INSTITUTION (NAME, IF NOT EITHER, GIVE STREET AND NUMBER)
St. James Hospital	St. James Hospital	St. James Hospital	St. James Hospital	St. James Hospital	St. James Hospital
56. NAME OF SURVIVING SPOUSE (MARRIED NAME, IF WIFE)	57. NAME OF SURVIVING SPOUSE (MARRIED NAME, IF WIFE)	58. NAME OF SURVIVING SPOUSE (MARRIED NAME, IF WIFE)	59. NAME OF SURVIVING SPOUSE (MARRIED NAME, IF WIFE)	60. NAME OF SURVIVING SPOUSE (MARRIED NAME, IF WIFE)	61. NAME OF SURVIVING SPOUSE (MARRIED NAME, IF WIFE)
Eileen Schumann	Eileen Schumann	Eileen Schumann	Eileen Schumann	Eileen Schumann	Eileen Schumann
62. KIND OF BUSINESS OR INDUSTRY (Specify only highest grade completed)	63. EDUCATION (Specify only highest grade completed)	64. EDUCATION (Specify only highest grade completed)	65. EDUCATION (Specify only highest grade completed)	66. EDUCATION (Specify only highest grade completed)	67. EDUCATION (Specify only highest grade completed)
East Chicago Credit Bureau	High School	High School	High School	High School	High School
68. NAME OF ATTENDING PHYSICIAN (IF OTHER THAN CERTIFIER)	69. NAME OF ATTENDING PHYSICIAN (IF OTHER THAN CERTIFIER)	70. NAME OF ATTENDING PHYSICIAN (IF OTHER THAN CERTIFIER)	71. NAME OF ATTENDING PHYSICIAN (IF OTHER THAN CERTIFIER)	72. NAME OF ATTENDING PHYSICIAN (IF OTHER THAN CERTIFIER)	73. NAME OF ATTENDING PHYSICIAN (IF OTHER THAN CERTIFIER)
Dr. Harry MD 12935 S. Gregory	Dr. Harry MD 12935 S. Gregory	Dr. Harry MD 12935 S. Gregory	Dr. Harry MD 12935 S. Gregory	Dr. Harry MD 12935 S. Gregory	Dr. Harry MD 12935 S. Gregory
74. ILLINOIS LICENSE NUMBER	75. ILLINOIS LICENSE NUMBER	76. ILLINOIS LICENSE NUMBER	77. ILLINOIS LICENSE NUMBER	78. ILLINOIS LICENSE NUMBER	79. ILLINOIS LICENSE NUMBER
11838	11838	11838	11838	11838	11838
80. DATE SIGNED (MONTH, DAY, YEAR)	81. DATE SIGNED (MONTH, DAY, YEAR)	82. DATE SIGNED (MONTH, DAY, YEAR)	83. DATE SIGNED (MONTH, DAY, YEAR)	84. DATE SIGNED (MONTH, DAY, YEAR)	85. DATE SIGNED (MONTH, DAY, YEAR)
October 17, 2001	October 17, 2001	October 17, 2001	October 17, 2001	October 17, 2001	October 17, 2001
86. BUREAU OF VITAL RECORDS (NAME AND ADDRESS)	87. BUREAU OF VITAL RECORDS (NAME AND ADDRESS)	88. BUREAU OF VITAL RECORDS (NAME AND ADDRESS)	89. BUREAU OF VITAL RECORDS (NAME AND ADDRESS)	90. BUREAU OF VITAL RECORDS (NAME AND ADDRESS)	91. BUREAU OF VITAL RECORDS (NAME AND ADDRESS)
Illinois Department of Public Health - Division of Vital Records	Illinois Department of Public Health - Division of Vital Records	Illinois Department of Public Health - Division of Vital Records	Illinois Department of Public Health - Division of Vital Records	Illinois Department of Public Health - Division of Vital Records	Illinois Department of Public Health - Division of Vital Records
92. LOCAL REGISTRAR'S SIGNATURE	93. LOCAL REGISTRAR'S SIGNATURE	94. LOCAL REGISTRAR'S SIGNATURE	95. LOCAL REGISTRAR'S SIGNATURE	96. LOCAL REGISTRAR'S SIGNATURE	97. LOCAL REGISTRAR'S SIGNATURE
<i>Carol R. Compton</i>	<i>Carol R. Compton</i>	<i>Carol R. Compton</i>	<i>Carol R. Compton</i>	<i>Carol R. Compton</i>	<i>Carol R. Compton</i>
98. LOCAL REGISTRAR'S SIGNATURE	99. LOCAL REGISTRAR'S SIGNATURE	100. LOCAL REGISTRAR'S SIGNATURE	101. LOCAL REGISTRAR'S SIGNATURE	102. LOCAL REGISTRAR'S SIGNATURE	103. LOCAL REGISTRAR'S SIGNATURE
Carol R. Compton	Carol R. Compton	Carol R. Compton	Carol R. Compton	Carol R. Compton	Carol R. Compton
104. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)	105. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)	106. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)	107. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)	108. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)	109. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)
October 17, 2001	October 17, 2001	October 17, 2001	October 17, 2001	October 17, 2001	October 17, 2001



Illinois Department of Public Health - Division of Vital Records
VIR200 (Rev. 5/89)