CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER Chicago SOCIAL SECURITY NUMBER RESIDENCE SEDERAND NUMBERS CLL 13a. 1648-INDIANAPOLIS BLVD. BURIAL, CREMATION, REMOVAL (SPECIFY) 24a, CREMATION NAME AND ADDRESS OF CERTIFIER TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED DATE OF OPERATION, IF AND 10. 349=36-£628; BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) COUNTY OF DEATH /R200 (Rev. 5/89) FUNERAL DIRECTOR'S SIGNATURE 25a CLAUDE E. GRIESEL MORTUARY, LTD. 10240 S. EWING AVE. CHICAGO, IL. 60617 DECEASED-NAME FUNERAL HOME NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER 22c. Dr. Suchita Kishore 1653 W. Congress Pkwy Chg I160612 PART II. Other significant conditions bontributing to death but not resulting in the underlying cause given in PARTI 18. PARTI INFORMANT'S NAME (TYPE FATHER-NAME 22a. SIGNATURE > (DID)(DID NOT) ATTEND THE BECEASED AND LAST SAW HIM/HER ALIVE ON resulting in death) disease or condition Immediate Cause (Final CHICAGO WWYGNI THOMAS MEDINA Cook SEBASTIAN Lucy 2 shi shere my ZIPCODE 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. 46394 24REGINAL CREMATION SER. | 24c9300 KENNEDY CT.MUNSTER, IN | 24d DEC. 3, 2002 CEMETERY OR CREMATORY-NAME <u>ි</u> (b) Hypoxemia
DUE TO, OR AS A CONSEQUENCE OF _(a)Pulmonary Edema DUE TO, OR AS A CONSEQUENCE OF MIDDIE FIHST M MAJOR FINDINGS OF OPERATION Ha. SECRETARY MARRIED, NEVER MARRIED, WIDOWED DIVORCED (SPECIFY)

BA. MARRIED **ESUAL OCCUPATION** (TYPE OR PRINT) MEDICAL CERTIFICATE OF DEATH (MONTH, DAY, YEAR) 11/28/2002 Illinois Department of Public Health—Division of Vital Records RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) _{14a.} White BUSTAMANTE 5a. 57 | 5b. 1 | 15v. | 16s. 1 | 15v. | 16s. 17 | 16s. 1 6b. Rush-Pres-St.Luke's Medical Center AGE-LAST BIRTHDAY (YRS) MIDDLE STREET AND NUMBER OF R.F.D LAST (TYPE OR PRINT) CITY, TOWN, TWP, OR ROAD DISTRICT NO <u>3</u> 17b.HUSBAND RELATIONSHIP MOS. DAYS Medina WHITING NAME OF SURVIVING SPOUSE (MAIDENNAME, IF WIFE) KIND OF BUSINESS OR INDUSTRY ELECTRIC CO. THOMAS MEDINA LOCATION OF HISPANIC ORIGIN? (SPECIFY NO OR YES-IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.) MOTHER-NAME FIRST 4b. □ NO HOURS 17c. 1648 INDIANAPOLIS BLVD. WHITING, 1N. MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) CARMELLA MAY. CITY OR TOWN EXAMINER NOTIFIED? (YES/NO) |sex |Female ₽YES DATE OF BIRTH (MONTH, DAY, YEAR) Yes Elementary/Secondary (0-12) College (1-4 or 5+) FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) INSIDE CITY (YES/NO) 13c, SPECIFY: DATE OF DEATH MIDDLE 19a Yes 034-014853 Nov. 28,2002 20c. YES□ NOIX IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? 20302 360101418 NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MEXICAN DATE SIGNED 21c.12:07 P ILLINOIS LICENSE NUMBER HOUR OF DEATH (BASED ON 1989 U.S. STANDARD CERTIFICATE) AUST BE NOTIFIED. 1945 GUTIERREZ 13d. LAKE IF HOSP, OR INST, INDICATE D.O.A. OPIENER, RM, INPATIENT (SPECIFY)
6C. INPATIENT EGGV HOLINGA KATONA CINCELLING COUNTY DE PRENTY PERSONO COUNTY 11/29/2002 19b. DEC 17 2010 WAS DECEASED EVERINUS ARMER NO HOUSE (MONTH, DAY, YEAR) (MONTH, DAY, YEAR) 210 STATE OF ILLINOIS CITY OF CHICAGO KEPT BY ME IN ORDINANCE OF SAID SHEET IS A TRUE COPY OF A RECORD ACCOMPANYING CERTIFICATE ON THIS OF ILLINOIS AND THE ORDINANCES OF BY VIRTUE OF THE LAWS OF THE STATE CERTIFY THAT I AM THE KEEPER OF LAW AND ORDINANCES. THE CITY OF CHICAGO; THAT THE AND DEATHS FOR THE CITY OF CHICAGO THE CITY OF CHICAGO, DO HEREBY REGISTRAR OF VITAL STATISTICS OF AFFIXED. MULTICOLOR SIGNATURE SEAL IS THIS CERTIFICATE COPY VALID WHEN THE RECORDS OF BIRTHS, STILLBIRTHS , JOHN E. WILHELM M.D., LOCAL COURT 120302 En X. Wilhelm-, md

> DEPARTMENT OF PUBLIC HEALTH CITY OF CHICAGO

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