

STATE OF ILLINOIS  
 STATE FILE NUMBER 45-08-66-88-014,000-023  
 6/18/20

**MEDICAL CERTIFICATE OF DEATH**

STATE OF ILLINOIS  
 COUNTY OF COOK  
 CITY OF CHICAGO

120302

REGISTRATION DISTRICT NO. 1610  
 REGISTERED NUMBER  
 DECEASED-NAME Lucy  
 FIRST MIDDLE LAST Medina  
 SEX Female  
 DATE OF DEATH Nov. 28, 2002

COUNTY OF DEATH Cook  
 CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER Chicago  
 AGE LAST BIRTHDAY (YRS) 57  
 HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN OTHER, GIVE STREET AND NUMBER) Rush-Press-St. Luke's Medical Center  
 DATE OF BIRTH (MONTH, DAY, YEAR) 28 MARCH 1945

BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) CHICAGO  
 MARRIED NEVER MARRIED WIDOWED DIVORCED (SPECIFY) MARRIED  
 NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) THOMAS MEDINA  
 SOCIAL SECURITY NUMBER 36-6288-11  
 USUAL OCCUPATION SECRETARY  
 KIND OF BUSINESS OR INDUSTRY ELECTRIC CO.  
 EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) Elementary/Secondary (8-12) College (14-15+)  
 RESIDENCE (STREET AND NUMBER) 1648 INDIANAPOLIS BLVD.  
 CITY, TOWN, TWP. OR ROAD DISTRICT NO. WHITTING  
 INSIDE CITY YES NO  
 COUNTY LAKE

STATE INDIANA  
 ZIP CODE 46394  
 RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) White  
 OFF HISPANIC ORIGIN? (SPECIFY NO OR YES. IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.) NO  
 FATHER-NAME (FIRST, MIDDLE, LAST) SEBASTIAN BUSTAMANTE  
 MOTHER-NAME (MAIDEN) LAST CARMELLA GUTIERREZ

INFORMANT'S NAME (TYPE OR PRINT) THOMAS MEDINA  
 RELATIONSHIP HUSBAND  
 MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) 176 HUSBAND 176, 1648 INDIANAPOLIS BLVD. WHITTING, IN. 46394

18. PART I. Immediate Cause (Final disease or condition resulting in death) Pulmonary Edema  
 Enter the diseases, or complications, that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest.  
 Enter the diseases, or complications, that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest.  
 (a) Pulmonary Edema  
 DUE TO, OR AS A CONSEQUENCE OF  
 (b) Hypoxemia  
 DUE TO, OR AS A CONSEQUENCE OF  
 (c)  
 CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.  
 PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.

DATE OF OPERATION, IF ANY  
 MAJOR FINDINGS OF OPERATION  
 20a. 20b. 20c. 20d. 20e. 20f. 20g. 20h. 20i. 20j. 20k. 20l. 20m. 20n. 20o. 20p. 20q. 20r. 20s. 20t. 20u. 20v. 20w. 20x. 20y. 20z.

21a. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.  
 21b. YES  
 21c. 12:07 P  
 21d. 11/29/2002  
 21e. M

22a. SIGNATURE  
 NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)  
 22b. Dr. Suchita Kishore 1653 W. Congress Pkwy Chg I160612  
 ILLINOIS LICENSE NUMBER 360101418

23. NAME OF ATTENDING PHYSICIAN (IF OTHER THAN CERTIFIER) (TYPE OR PRINT)  
 23a. CLAUDE E. GRIESEL MORTUARY, LTD. 10240 S. EWING AVE. CHICAGO, IL. 60617  
 CEMETERY OR CREMATORY-NAME REGIONAL CREMATORY SER.  
 LOCATION 9300 KENNEDY CT. MUNSTER, IN  
 CITY OR TOWN STATE DATE (MONTH, DAY, YEAR) DEC. 3, 2002

24a. CREMATION  
 STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE ZIP  
 24b. CLAUDE E. GRIESEL MORTUARY, LTD. 10240 S. EWING AVE. CHICAGO, IL. 60617  
 CEMETERY OR CREMATORY-NAME REGIONAL CREMATORY SER.  
 LOCATION 9300 KENNEDY CT. MUNSTER, IN  
 CITY OR TOWN STATE DATE (MONTH, DAY, YEAR) DEC. 3, 2002

25a. CLAUDE E. GRIESEL MORTUARY, LTD. 10240 S. EWING AVE. CHICAGO, IL. 60617  
 FUNERAL DIRECTOR'S SIGNATURE  
 25b. CLAUDE E. GRIESEL MORTUARY, LTD. 10240 S. EWING AVE. CHICAGO, IL. 60617  
 FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034-014853  
 LOCAL REGISTRAR'S SIGNATURE  
 DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) 120302

26a. LOCAL REGISTRAR'S SIGNATURE  
 DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) 120302

CITY OF CHICAGO  
 DEPARTMENT OF PUBLIC HEALTH

EGGV HOLINGA KATONA  
 COUNTY AUDITOR  
 LOCAL REC. STAMP

WORDS

THIS CERTIFICATE COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.

\$11  
 OS  
 OK